PTO/SB/65 (03-09)
Approved for use through 03/31/2012. OMB 0651-0016
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PETITION TO ACCEPT UNAVOIDABLY DELAYED PAYMENT OF MAINTENANCE FEE IN AN EXPIRED PATENT (37 CFR 1.378(b))

Docket Number (Optional)

Mail to: Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450
Fax: (571) 273-8300

NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (571) 272-3282.

Patent Number: 5,839,152

Application Number: 759,330

Issue Date: Nov.24,1998

Filing Date: Dec.2,1996

CAUTION: Maintenance fee (and surcharge, if any) payment must correctly identify: (1) the patent number (or reissue patent number, if a reissue) and (2) the application number of the actual U.S. application (or reissue application) leading to issuance of that patent to ensure the fee(s) is/are associated with the correct patent. 37 CFR 1.366(c) and (d).

Also complete the following information, if applicable:

The above-identified patent:

☐ is a reissue of original Patent No. _____ original issue date _____;
original application number _____,
original filing date _____.

☐ resulted from the entry into the U.S. under 35 U.S.C. 371 of international application _____ filed on _____.

CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is

(1) being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 OR

(2) transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

Dec.4,2009
Date

Signature

Stephen L. Kruskamp
Typed or printed name of person signing Certificate

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1. SMALL ENTITY

☐ Patentee claims, or has previously claimed, small entity status. See 37 CFR 1.27

2. LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

☐ Patentee is no longer entitled to small entity status. See 37 CFR 1.27(g)

3. MAINTENANCE FEE (37 CFR 1.20(e)-(g))

The appropriate maintenance fee must be submitted with this petition, unless it was paid earlier.

NOT Small Entity			Small Entity		
Amount	Fee	(Code)	Amount	Fee	(Code)
☐ $ _____	3 ½ yr fee	(1551)	☐ $ _____	3 ½ yr fee	(2551)
☐ $ _____	7 ½ yr fee	(1552)	☑ $ _____	7 ½ yr fee	(2552)
☑ $ _____	11 ½ yr fee	(1553)	☑ $ _____	11 ½ yr fee	(2553)

MAINTENANCE FEE BEING SUBMITTED $ 3295.00

4. SURCHARGE

The surcharge required by 37 CFR 1.20(i)(1) of $ 700.00 (Fee Code 1557) must be paid as a condition of accepting unavoidably delayed payment of the maintenance fee.

SURCHARGE FEE BEING SUBMITTED $ 700.00

5. MANNER OF PAYMENT

☑ Enclosed is a check for the sum of $ 3995.00

☐ Please charge Deposit Account No. _____ the sum of $_____ .

☐ Payment by credit card. Form PTO-2038 is attached.

6. AUTHORIZATION TO CHARGE ANY FEE DEFICIENCY

☐ The Director is hereby authorized to charge any maintenance fee, surcharge or petition fee deficiency to Deposit Account No. _____ .

7. OVERPAYMENT

As to any overpayment made, please

☐ Credit to Deposit Account No. _____

OR

☑ Send refund check

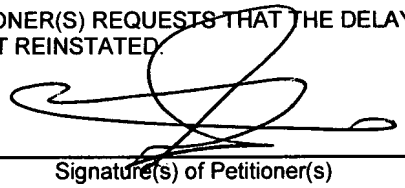
WARNING:

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

8. SHOWING

The enclosed statement will show that the delay in timely payment of the maintenance fee was unavoidable since reasonable care was taken to ensure that the maintenance fee would be paid timely and that this petition is being filed promptly after the patentee was notified of, or otherwise became aware of, the expiration of the patent. The statement must enumerate the steps taken to ensure timely payment of the maintenance fee, the date and the manner in which the patentee became aware of the expiration of the patent, and the steps taken to file the petition promptly.

9. PETITIONER(S) REQUESTS THAT THE DELAYED PAYMENT OF THE MAINTENANCE FEE BE ACCEPTED AND THE PATENT REINSTATED.



Signature(s) of Petitioner(s) — Dec.4,2009 — Date

Stephen L. Kruskamp — Typed or printed name(s)

Registration Number, if applicable

5112 Kenneth ave. — Address

916 705 5772 — Telephone Number

Carmichael CA, 95610 — Address

ENCLOSURES:

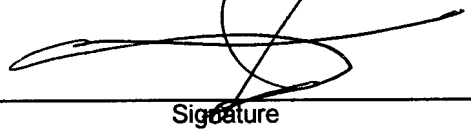
☑ Maintenance Fee Payment

☑ Statement why maintenance fee was not paid timely

☑ Surcharge under 37 CFR 1.20(i)(1) (fee for filing the maintenance fee petition)

☑ Other: Bankruptcy, foreclosure and medical documents.

37 CFR 1.378(d) states: "Any petition under this section must be signed by an attorney or agent registered to practice before the Patent and Trademark Office, or by the patentee, the assignee, or other party in interest."



Signature

Dec. 4,2009

Date

Stephen L. Kruskamp

Type or printed name

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STATEMENT

(In the space below, please provide the showing of unavoidable delay recited in paragraph 8 above.)

Please see attached letter.

(Please attach additional sheets if additional space is needed)

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NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (571) 272-3282.

Patent Number: 5,839,152 Application Number: 759,330

Issue Date: Nov.24,1998 Filing Date: Dec.2,1996

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Signature(s) of Petitioner(s)	Date
Stephen L. Kruskamp	
Typed or printed name(s)	Registration Number, if applicable
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Address	

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☑ Other: Bankruptcy, foreclosure and medical documents.

RECEIVED
DEC 11 2009
OFFICE OF PETITIONS

To whom it may concern

Thank you for taking the time to review my case and letting me explain myself. I have had one of the worst decades in my life. This all started with bankruptcy in 2001, we were trying to save the family house from foreclosure with bankruptcy. This along with being diagnosed with pre diabetes made for a very stressful time in my life. While in bankruptcy we had no disposable income, every dime we made went to chapter 13 and saving our house. Because of the stress of all of this I was diagnosed with full on type 2 diabetes in 2003.

At this point I was diabetic, bankrupt and about to lose my house. The diabetes have sever side effects like weight loss (nearly 100 pounds) mood swings fatigue and of course pain and at one point i almost died. I have now been declared 70 percent disabled from the offices of social security. I was still working full time as a licensed contractor installing floors with an on going knee injury that i had gotten in the Navy in the 70s. With work dwindling, medical problems and bankruptcy all at once you can see why this was my worst decade yet.

I want to also state that we have zero (0.00) credit card debt, we did NOT over spend and put ourselves in an avoidable mess. We were working day and night to save our family home and that was our main goal.

Sadly in February of 2007 we lost the house that our kids grew up in and lived in for 18 years. This brought on a tremendous amount depression, stress and sadness. I felt numb over the loss of my home, lack of work, growing medical problems and bankruptcy.

Since then it has been a time of Renell and repair. I now have an opportunity to make and manufacture my invention, while getting everything prepared i discovered that i had missed my 7 1/2 year payment, I am including my 11 1/2 year payment with this check that was issued on the day it was due on November 24,2009. With my entire family helping we managed to come up with the full about of 3,995 to pay the fees.

I have attached copies of the bankruptcy, foreclosure and medical documents.

Thank you for your time

Sincerely

Stephen L. Kruskamp

Privacy Act Statement

The **Privacy Act of 1974 (P.L. 93-579)** requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the U.S. Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

1. The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.

2. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

3. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.

4. A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

5. A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.

6. A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).

7. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

8. A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection or an issued patent.

9. A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.

"LSI TITLE, FNDS DIVISION"
0715705

Recording requested by:

When recorded mail to:

Pacific Security, LLC
14523 SW Millikan #200
Beaverton, OR 97005

Forward tax statements to the address given above

Sacramento County Recording
Craig A Kramer, Clerk/Recorder
BOOK 20070209 PAGE 1275
Check Number 3539
Friday, FEB 09, 2007 12:17:21 PM
Ttl Pd $10.00 Nbr-0004742003
001-Unincorp. DTT PAID

MLB/11/1-2

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OFFICE OF PETITIONS

Space above this line for recorders use

TS # 025-9627 Order # 30031823 Loan # 6856116

Trustee's Deed Upon Sale

A.P.N.: **247-0115-003**

The undersigned grantor declares:
The grantee herein **WAS NOT** the foreclosing beneficiary.
The amount of the unpaid debt together with costs was: **$292,754.11**
The amount paid by the grantee at the trustee sale was: **$340,000.00**
The documentary transfer tax is: 52.25
Said property is in the City of: FAIR OAKS, County of Sacramento

LandAmerica Default Services Company, as Trustee, (whereas so designated in the Deed of Trust hereunder more particularly described or as duly appointed Trustee) does hereby **GRANT** and **CONVEY** to Pacific Security, LLC

(herein called Grantee) but without covenant or warranty, expressed or implied, all right title and interest conveyed to and now held by it as Trustee under the Deed of Trust in and to the property situated in the county of **Sacramento,** State of California, described as follows:

Lot 3, as shown on the "Plat of Glenn Estates Unit No. 1" recorded in Book 66 of maps, Map No. 31, records of said County.

RECITALS:

This conveyance is made pursuant to the powers conferred upon Trustee by that certain Deed of Trust* dated **1/9/1990**, recorded on **1/23/1990**, instrument number , Book **90 0123**, Page **1354** Official Records in the Office of the Recorder of **Sacramento** County, California, and after fulfillment of the conditions specified in said Deed of Trust authorizing this conveyance.

*executed by Stephen L. Kruskamp & Connie L. Kruskamp Husband & wife as Joint tenants: Trustors

Default occurred as set forth in a Notice of Default and Election to Sell which was recorded in the office of the Recorder of said County.

All requirements of law regarding the mailing of copies of notices or the publication of a copy of the Notice of Default or the personal delivery of the copy of the Notice of Default and the posting and publication of copies of the Notice of Sale have been complied with.

Said property was sold by said Trustee at public auction on **9/18/2006** at the place named in the Notice of Sale, in the County of **Sacramento,** California, in which the property is situated. Grantee, being the highest bidder at such sale, became the purchaser of said property and paid therefore to said trustee the amount being **$340,000.00** in lawful money of the United States, or by the satisfaction, pro tanto, of the obligations then secured by said Deed of Trust.

Date: **9/21/2006**

LandAmerica Default Services Company

By: _____
Tina Sulhkonen, Asst. Secretary

State of California)
) ss.
County of Orange)

On **9/21/2006** before me, Amy Marie Lemus, Notary Public, personally appeared **Tina Sulhkonen** personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same and his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____
Amy Marie Lemus, Notary Public

AMY MARIE LEMUS
COMM. # 1643212
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. FEB. 4, 2010

THIS OFFICE IS ATTEMPTING TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

What You Should Know Before You Apply for Social Security Disability Benefits

We sent you this disability starter kit because you requested an appointment to file for disability benefits. During the appointment, a representative will interview you and complete the application. The interview will take place either in your local Social Security office or by telephone. It will take at least 1 hour. The enclosed letter has the date, time and location of your appointment.

If you have Internet access, you can complete an online Adult Disability Report at ***www.socialsecurity.gov/adultdisabilityreport.*** You still need to **keep your scheduled appointment** with the local Social Security office.

The following are answers to questions most people ask about applying for disability benefits. Knowing the answers to these questions will help you understand the process.

• How does Social Security decide if I am disabled?

By law, Social Security has a very strict definition of disability. To be found disabled:

- You must be unable to do any substantial work because of your medical condition(s); **and**
- Your medical condition(s) must have lasted, or be expected to last, at least 1 year, or be expected to result in your death.

• My doctor says I am disabled. Is that enough to qualify me for disability benefits?

No. You cannot get disability benefits solely because your doctor says you are disabled.

• I am getting disability payments from my job or another agency. Can I automatically get Social Security disability benefits?

No. Social Security disability laws are different from most other programs. For example, Social Security does not pay benefits for partial disability.

• How long does it take to make a decision?

It takes about 3 to 5 months to get a decision. This depends on how much time it takes to get your medical records and any other evidence needed to make a decision.

• Can I do anything to speed up the decision?

Yes. You can speed up the decision by being prepared for your interview and by **completing the enclosed Medical and Job Worksheet prior to your interview.**

You can also speed things up by making sure you have the information listed on the **enclosed checklist. Have this information with you at the time of the interview.**

(over)

NH 566-02-0729 SG-SSA-16

SOCIAL SECURITY ADMINISTRATION
IMPORTANT INFORMATION

RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS

STEPHEN LEE KRUSKAMP
5112 KENNETH AVE
CARMICHAEL CA 95608

UNIT: 20

NAME OF PERSON TO CONTACT ABOUT YOUR CLAIM: M.R. Vang (916) 979-2017 ext 228

YOUR APPLICATION FOR SOCIAL SECURITY BENEFITS HAS BEEN RECEIVED AND WILL BE PROCESSED AS QUICKLY AS POSSIBLE.

YOU SHOULD HEAR FROM US WITHIN __ DAYS AFTER YOU HAVE GIVEN US ALL THE INFORMATION WE REQUESTED. SOME CLAIMS MAY TAKE LONGER IF ADDITIONAL INFORMATION IS NEEDED.

IN THE MEANTIME, IF YOU CHANGE YOUR ADDRESS, OR IF THERE IS SOME OTHER CHANGE THAT MAY AFFECT YOUR CLAIM, YOU - OR SOMEONE FOR YOU - SHOULD REPORT THE CHANGE.

We are providing the attached application for your records.

We stored your application information electronically so there is no reason for us to retain a paper copy of your application.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that you examined all the information on this form and it is true and correct to the best of your knowledge. You were told that you could be liable under law for providing false information.

THE TELEPHONE NUMBERS TO CALL IF YOU HAVE A QUESTION OR SOMETHING TO REPORT ARE:

BEFORE YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:

AFTER YOU RECEIVE A NOTICE ABOUT YOUR CLAIM:

NH 566-02-0729 SG-SSA-16

UNIT: 20

STEPHEN LEE KRUSKAMP
5112 KENNETH AVE
CARMICHAEL CA 95608

APPLICATION SUMMARY FOR DISABILITY INSURANCE BENEFITS

On May 19, 2008, we talked with you and completed your application for SOCIAL SECURITY BENEFITS. We stored the application information electronically in our records and are enclosing a summary of your statements.

I APPLY FOR A PERIOD OF DISABILITY AND/OR ALL INSURANCE BENEFITS FOR WHICH I AM ELIGIBLE UNDER TITLE II AND PART A OF TITLE XVIII OF THE SOCIAL SECURITY ACT, AS PRESENTLY AMENDED.

MY NAME IS STEPHEN LEE KRUSKAMP.

MY SOCIAL SECURITY NUMBER IS 566-02-0729.

MY DATE OF BIRTH IS December 13, 1955.

I AM A CITIZEN OF THE UNITED STATES.

I DO NOT HAVE AN UNSATISFIED FELONY WARRANT(S).

I DO NOT HAVE AN UNSATISFIED FEDERAL OR STATE WARRANT(S) FOR VIOLATION OF PROBATION OR PAROLE.

I BECAME UNABLE TO WORK BECAUSE OF MY DISABLING CONDITION ON December 1, 2003.

I AM STILL DISABLED.

NO PREVIOUS APPLICATION HAS BEEN FILED WITH THE SOCIAL SECURITY ADMINISTRATION BY OR FOR ME.

I HAVE FILED OR INTEND TO FILE FOR SSI.

MY U.S. MILITARY SERVICE DATES ARE AS FOLLOWS:

START DATE	END DATE
July 22, 1974	November 10, 1975

I HAVE NOT FILED NOR DO I INTEND TO FILE FOR ANY WORKERS' COMPENSATION, PUBLIC

DISABILITY OR BLACK LUNG BENEFITS.

I AM NOT ENTITLED TO NOR DO I EXPECT TO BECOME ENTITLED TO A PENSION OR ANNUITY BASED IN WHOLE OR IN PART ON WORK AFTER 1956 NOT COVERED BY SOCIAL SECURITY.

THE SOCIAL SECURITY ADMINISTRATION AND THE STATE AGENCY REVIEWING MY CLAIM DO NOT HAVE MY PERMISSION TO CONTACT MY EMPLOYER(S).

I AM MARRIED TO CONNIE KRUSKAMP. WE WERE MARRIED ON December 20, 1980 IN CA BY A CLERGYMAN OR PUBLIC OFFICIAL. MY SPOUSE'S AGE OR BIRTHDATE IS October 7, 1960 AND SOCIAL SECURITY NUMBER IS 554-31-7159.

I WAS NOT PREVIOUSLY MARRIED.

I HAVE THE FOLLOWING CHILD OR CHILDREN UNDER AGE 18; AGE 18-19 ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL TIME; OR AGE 18 OR OVER AND DISABLED BEFORE AGE 22 WHO MAY BE ELIGIBLE FOR SOCIAL SECURITY BENEFITS ON THIS RECORD. THIS INCLUDES CHILDREN WHO MAY OR MAY NOT BE LIVING WITH ME.
PRESTON KRUSKAMP

I UNDERSTAND THAT I MUST PROVIDE MEDICAL EVIDENCE ABOUT MY DISABILITY, OR ASSIST THE SOCIAL SECURITY ADMINISTRATION IN OBTAINING THE EVIDENCE.

I UNDERSTAND THAT I MAY BE REQUESTED BY THE STATE DISABILITY DETERMINATION SERVICES TO HAVE A CONSULTATIVE EXAMINATION AT THE EXPENSE OF THE SOCIAL SECURITY ADMINISTRATION AND THAT IF I DO NOT GO, MY CLAIM MAY BE DENIED.

I AUTHORIZE ANY PHYSICIAN, HOSPITAL, AGENCY, OR OTHER ORGANIZATION TO DISCLOSE ANY MEDICAL RECORD OR INFORMATION ABOUT MY DISABILITY TO THE SOCIAL SECURITY ADMINISTRATION OR TO THE STATE DISABILITY DETERMINATION SERVICES THAT MAY REVIEW MY CLAIM OR CONTINUING DISABILITY.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE ANY INFORMATION ABOUT ME TO A PHYSICIAN OR MEDICAL FACILITY PREPARATORY TO AN EXAMINATION OR TEST. RESULTS OF SUCH EXAMINATION OR TEST MAY BE RELEASED TO MY PHYSICIAN OR OTHER TREATING SOURCE.

I AUTHORIZE THAT INFORMATION ABOUT MY DISABILITY MAY BE FURNISHED TO ANY CONTRACTOR FOR CLERICAL SERVICES BY THE STATE DISABILITY DETERMINATION SERVICES.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION OF ALL EVENTS AS EXPLAINED TO ME.

I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN CONNECTION WITH THIS CLAIM IS TRUE.

MY TELEPHONE NUMBER IS (916) 705-5772.

SOCIAL SECURITY INFORMATION IS ALSO AVAILABLE TO INTERNET USERS AT WWW.SOCIALSECURITY.GOV.

What You Need To Do

- o Review the summary to ensure we recorded your statements correctly.
- o If you agree with all your statements, you may retain the information for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after the date of this notice to let us know.

ALWAYS GIVE US YOUR CLAIM NUMBER WHEN WRITING OR TELEPHONING ABOUT YOUR CLAIM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, WE WILL BE GLAD TO HELP YOU.

WE ARE RETURNING ANY DOCUMENT(S) YOU MAY HAVE SUBMITTED WITH YOUR APPLICATION.

CLAIMANT	SOCIAL SECURITY CLAIM NO.
STEPHEN L KRUSKAMP	566-02-0729

U.S. Bankruptcy Court [LIVE - CM 3.3.1]
Eastern District of California (Sacramento)
Bankruptcy Petition #: 06-21108
Internal Use Only

Assigned to: Hon. Robert S. Bardwil
Chapter 13
Voluntary
Asset

Date filed: 04/12/2006
Date terminated: 03/08/2007
Date dismissed: 08/07/2006

Debtor
Stephen L. Kruskamp
7212 Walnut Rd
Fair Oaks, CA 95628
SSN / ITIN: 566-02-0729

represented by **Scott D. Hughes**
1100 Melody Ln #207
Roseville, CA 95678
(916) 677-1822

Joint Debtor
Connie L. Kruskamp
7212 Walnut Rd
Fair Oaks, CA 95628
SSN / ITIN: 554-31-7159

represented by **Scott D. Hughes**
(See above for address)

Trustee
Lawrence J. Loheit
PO Box 1858
Sacramento, CA 95812-1858
916-856-8000

U.S. Trustee
Office of the U.S. Trustee
Robert T Matsui United States Courthouse
501 I Street, Room 7-500
Sacramento, CA 95814

Filing Date	#	Docket Text
		Chapter 13 Voluntary Petition Missing Document(s): Statement of Financial Affairs; Attorney Disclosure Statement; Summary of schedules; Chapter 13 Plan;Schedule A - Real Property; Schedule B - Personal Property; Schedule C - Exempt Property; Schedule D - Secured Creditors; Schedule E - Unsecured Priority Creditor; Schedule F - Unsecured Nonpriority Creditors; Schedule G - Exec. Contracts & Unexpired Leases; Schedule H - Codebtors; Schedule I - Current Income of Individual; Schedule J - Current Expenditures; Means Test - Form 22C; Document(s) due by

04/12/2006	1	4/27/2006. (nsas) (Entered: 04/12/2006)
04/12/2006	2	Designation of Trustee (auto) (Entered: 04/12/2006)
04/12/2006	3	Notice to Debtor and Debtor's Attorney of Incomplete Filing (nsas) (Entered: 04/12/2006)
04/12/2006	4	Master Address List (auto) (Entered: 04/12/2006)
04/12/2006	5	Certificate of Credit Counseling (auto) (Entered: 04/12/2006)
04/12/2006	6	Order Re: Chapter 13 Plan Payments, Adequate Protection Payments, and Employer Payment Advices (nsas) (Entered: 04/12/2006)
04/12/2006	7	Rights and Responsibilities of Chapter 13 Debtors and their Attorneys (auto) (Entered: 04/12/2006)
04/12/2006	8	Certificate of Credit Counseling (nsas) (Entered: 04/12/2006)
04/12/2006	9	Notice Re: 1 Voluntary Petition,, (nsas) (Entered: 04/12/2006)
04/12/2006	10	Disclosure of Compensation by Attorney for Debtor 1 Voluntary Petition,, (nsas) (Entered: 04/12/2006)
04/12/2006	11	Amended 3 Notice of Incomplete Filing (cmcs) (Entered: 04/12/2006)
04/12/2006		Chapter 13 Voluntary Petition (Filing Fee Paid: $274.00, Receipt Number: 2-6-003299) (auto) (Entered: 04/12/2006)
04/18/2006	12	Motion/Application to Extend Automatic Stay [SDH-1] Filed by Joint Debtor Connie L. Kruskamp, Debtor Stephen L. Kruskamp (msts) (Entered: 04/18/2006)
04/18/2006	13	Notice of Hearing Re: 12 Motion/Application to Extend Automatic Stay [SDH-1] to be held on 5/2/2006 at 01:00 PM at Sacramento Courtroom 34, Department D. (msts) (Entered: 04/18/2006)
04/18/2006	14	Declaration of Stephen Kruskamp In support of 12 Motion/Application to Extend Automatic Stay [SDH-1] (msts) (Entered: 04/18/2006)
		Certificate/Proof of Service of 12 Motion/Application to Extend Automatic Stay [SDH-1], 13 Notice of Hearing, 14 Declaration

04/18/2006	15	(msts) (Entered: 04/18/2006)
04/25/2006	16	Notice of Commencement of Case Under Chapter 13, Meeting of Creditors and Fixing of Dates. First Meeting to be held on 5/25/2006 at 10:30 AM at Meeting Room 7-A. Proofs of Claim due by 8/23/2006. (fdis) (Entered: 04/25/2006)
04/25/2006	17	Certificate/Proof of Service of 16 Chapter 13 First Meeting Notice (fdis) (Entered: 04/25/2006)
04/25/2006	18	Request for Special Notice Filed by Creditor Wilshire Credit Corporation (fdis) (Entered: 04/25/2006)
04/25/2006	19	Chapter 13 Statement of Current Monthly and Disposable Income (fdis) (Entered: 04/26/2006)
04/25/2006	20	Summary and Schedules A-J, Statement of Financial Affairs. (fdis) (Entered: 04/26/2006)
04/25/2006	21	Chapter 13 Plan (fdis) (Entered: 04/26/2006)
04/26/2006	22	Opposition/Objection Filed by Trustee Lawrence J. Loheit Re: 12 Motion/Application to Extend Automatic Stay [SDH-1] (fdis) (Entered: 04/27/2006)
04/26/2006	23	Exhibit(s) in support of 22 Opposition/Objection [SDH-1] (fdis) (Entered: 04/27/2006)
04/26/2006	24	Certificate/Proof of Service of 22 Opposition/Objection [SDH-1] (fdis) (Entered: 04/27/2006)
04/27/2006	25	Opposition/Objection Filed by Creditor Wilshire Credit Corporation Re: 12 Motion/Application to Extend Automatic Stay [SDH-1] (fdis) (Entered: 04/27/2006)
04/27/2006	26	Certificate/Proof of Service of [SDH-1] (fdis) (Entered: 04/27/2006)
05/04/2006	27	Civil Minute Order Denying 12 Motion to Extend Automatic Stay [SDH-1] (cmcs) (Entered: 05/05/2006)
05/05/2006	28	Notice of Entry as Transmitted to BNC for Service (cmcs) (Entered: 05/05/2006)
05/05/2006	29	Certificate of Service of Notice of Entry as served by the Bankruptcy Noticing Center (Admin.) (Entered: 05/07/2006)

05/15/2006	30	Certificate/Proof of Service of 21 Plan (cmcs) (Entered: 05/15/2006)
05/30/2006	31	Report of Trustee at 341 Meeting. Meeting Held and Debtor Examined. (cmcs) (Entered: 05/30/2006)
05/31/2006	32	Objection to Confirmation of Plan [NLE-1] Filed by Trustee Lawrence J. Loheit (cmcs) (Entered: 05/31/2006)
05/31/2006	33	Notice of Hearing Re: 32 Objection to Confirmation of Plan [NLE-1] to be held on 6/20/2006 at 01:00 PM at Sacramento Courtroom 34, Department D. (cmcs) (Entered: 05/31/2006)
05/31/2006	34	Certificate/Proof of Service of 32 Objection to Confirmation of Plan [NLE-1], 33 Notice of Hearing (cmcs) (Entered: 05/31/2006)
05/31/2006	35	Objection to Confirmation of Plan [JKB-1] Filed by Creditor Wilshire Credit Corporation (cmcs) (Entered: 06/01/2006)
05/31/2006	36	Notice of Hearing Re: 35 Objection to Confirmation of Plan [JKB-1] to be held on 7/6/2006 at 01:00 PM at Sacramento Courtroom 34, Department D. (cmcs) (Entered: 06/01/2006)
05/31/2006	37	Declaration of Janine Miller In support of 35 Objection to Confirmation of Plan [JKB-1] (cmcs) (Entered: 06/01/2006)
05/31/2006	38	Certificate/Proof of Service of 35 Objection to Confirmation of Plan [JKB-1], 36 Notice of Hearing, 37 Declaration (cmcs) (Entered: 06/01/2006)
05/31/2006	39	Certificate/Proof of Service of 35 Objection to Confirmation of Plan [JKB-1], 36 Notice of Hearing, 37 Declaration (cmcs) (Entered: 06/01/2006)
06/22/2006	40	Civil Minute Order Sustaining 32 Objection to Confirmation of Plan [NLE-1] (smis) (Entered: 06/23/2006)
06/23/2006	41	Notice of Entry as Transmitted to BNC for Service (smis) (Entered: 06/23/2006)
06/23/2006	42	Certificate of Service of Notice of Entry as served by the Bankruptcy Noticing Center (Admin.) (Entered: 06/25/2006)
07/14/2006	43	Civil Minute Order Overruling 35 Objection to Confirmation of Plan [JKB-1] (cmcs) (Entered: 07/17/2006)

07/17/2006	44	Notice of Entry as Transmitted to BNC for Service (cmcs) (Entered: 07/17/2006)
07/17/2006	45	Certificate of Service of Notice of Entry as served by the Bankruptcy Noticing Center (Admin.) (Entered: 07/19/2006)
07/20/2006	46	Motion/Application to Dismiss Case/Proceeding [NLE-2] Filed by Trustee Lawrence J. Loheit (cmcs) (Entered: 07/20/2006)
07/20/2006	47	Notice of Hearing Re: 46 Motion/Application to Dismiss Case/Proceeding [NLE-2] to be held on 8/3/2006 at 10:00 AM at Sacramento Courtroom 34, Department D. (cmcs) (Entered: 07/20/2006)
07/20/2006	48	Declaration of Jennifer Hand in support of 46 Motion/Application to Dismiss Case/Proceeding [NLE-2] (cmcs) (Entered: 07/20/2006)
07/20/2006	49	Certificate/Proof of Service of 46 Motion/Application to Dismiss Case/Proceeding [NLE-2], 47 Notice of Hearing, 48 Declaration (cmcs) (Entered: 07/20/2006)
07/24/2006	50	Motion/Application for Relief from Stay [JKB-1] Filed by Creditor Wilshire Credit Corporation (Fee $150) (cmcs) (Entered: 07/24/2006)
07/24/2006	51	Notice of Hearing Re: 50 Motion/Application for Relief from Stay [JKB-1] to be held on 8/22/2006 at 01:00 PM at Sacramento Courtroom 34, Department D. (cmcs) (Entered: 07/24/2006)
07/24/2006	52	Declaration of Janine Miller in support of 50 Motion/Application for Relief from Stay [JKB-1] (cmcs) (Entered: 07/24/2006)
07/24/2006	53	Movant's Informational Sheet (Section 362) Re: 50 Motion/Application for Relief from Stay [JKB-1] (cmcs) (Entered: 07/24/2006)
07/24/2006	54	Certificate/Proof of Service of 50 Motion/Application for Relief from Stay [JKB-1], 51 Notice of Hearing, 52 Declaration, 53 Movant's Informational Sheet (Section 362) (cmcs) (Entered: 07/24/2006)
08/07/2006	55	Request for Special Notice Filed by Creditor Wendover Financial Services (cmcs) (Entered: 08/07/2006)
08/07/2006	56	Civil Minute Order Granting 46 Motion/Application to Dismiss Case/Proceeding [NLE-2] (cmcs) (Entered: 08/08/2006)

08/08/2006	57	Notice of Entry as Transmitted to BNC for Service (cmcs) (Entered: 08/08/2006)
08/08/2006	58	Certificate of Service of Notice of Entry as served by the Bankruptcy Noticing Center (Admin.) (Entered: 08/10/2006)
08/22/2006	59	Civil Minutes -- Hearing Dropped Re: 50 Motion/Application for Relief from Stay [JKB-1] (cmcs) (Entered: 08/23/2006)
01/31/2007	60	Trustee's Final Report and Account (cmcs) (Entered: 01/31/2007)
01/31/2007	61	Certificate/Proof of Service of 60 Trustee's Final Report and Account (cmcs) (Entered: 01/31/2007)
03/08/2007	62	Order Approving Final Report and Discharging Trustee (cmcs) (Entered: 03/08/2007)
03/08/2007	63	Order to Close Case (cmcs) (Entered: 03/08/2007)
03/08/2007		Bankruptcy Case Closed (cmcs) (Entered: 03/08/2007)

DISMISSED, CLOSED

U.S. Bankruptcy Court [LIVE - CM 3.3.1]
Eastern District of California (Sacramento)
Bankruptcy Petition #: 03-24578
Internal Use Only

Assigned to: Hon. Robert S. Bardwil
Chapter 13
Voluntary
Asset

Date filed: 04/23/2003
Date terminated: 02/24/2006
Date dismissed: 09/23/2005

Debtor
Stephen Lee Kruskamp
7212 WALNUT RD
FAIR OAKS, CA 95628
(916) 705-5772
SSN / ITIN: 566-02-0729
aka
Stephen L. Kruskamp
SSN / ITIN: 566-02-0729
aka
Steve Kruskamp
SSN / ITIN: 566-02-0729

represented by **Stephen Lee Kruskamp**
PRO SE

Christopher Roman Rector
25 Cadillac Dr #200
Sacramento, CA 95825
(916) 979-6100

Debtor
Connie Lynne Kruskamp
7212 WALNUT RD
FAIR OAKS, CA 95628
(916) 705-5772
SSN / ITIN: 554-31-7159
aka
Connie Kruskamp
SSN / ITIN: 554-31-7159
aka
Connie L. Kruskamp
SSN / ITIN: 554-31-7159

represented by **Christopher Roman Rector**
25 Cadillac Dr #200
Sacramento, CA 95825
(916) 979-6100

Connie Lynne Kruskamp
7212 WALNUT RD
FAIR OAKS, CA 95628
(916) 705-5772
TERMINATED: 03/12/2003

Trustee
Lawrence J. Loheit
PO Box 1858
Sacramento, CA 95812-1858
916-856-8000

Filing Date	#	Docket Text
		Voluntary Petition all schedules and statements. (Fee $ 185

04/23/2003	1	Receipt # 2-3-007886) auto (Entered: 04/24/2003)
04/23/2003	2	Designation Of Trustee auto (Entered: 04/24/2003)
04/23/2003	3	[3-1] Master Address List. auto (Entered: 04/24/2003)
04/23/2003	4	Chapter 13 Plan. auto (Entered: 04/24/2003)
05/12/2003	5	[5-1] Notice Of Commencement Of Case Under Chapter 13, Meeting Of Creditors And Fixing Of Dates. First Meeting Scheduled For 2:00 5/29/03 At Meeting Room 7-A ;Last Day to File Proofs Of Claim: 8/27/03 sbes (Entered: 05/12/2003)
06/03/2003	6	[6-1] Report of Trustee at 341 Meeting. Meeting Continued To 1:30 6/26/03 At Meeting Room 7-A sbes (Entered: 06/03/2003)
06/12/2003	7	Request by Creditor Wilshire Financial Services For Notice. sbes (Entered: 06/12/2003)
06/24/2003	8	Business Exam Report Filed By Trustee Lawrence J. Loheit lpas (Entered: 06/24/2003)
06/24/2003	9	Business Exam Report Filed By Trustee Lawrence J. Loheit lpas (Entered: 06/24/2003)
06/25/2003	10	[10-1] Amended Schedule(s) D, I And J. sbes (Entered: 06/25/2003)
06/25/2003	11	Amended [4-1] Chapter 13 Plan Filed By Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp sbes (Entered: 06/25/2003)
06/25/2003	12	Substitution Of Attorney Filed By Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp To Substitute Attorney: C. Roman Rector For Previous Attorney: Pro Per . Involvement Of attorney Connie Lynne Kruskamp for Connie Lynne Kruskamp, attorney Stephen Lee Kruskamp for Stephen Lee Kruskamp Terminated. sbes (Entered: 06/26/2003)
06/27/2003	13	[13-1] Rights And Responsibilities Of Chapter 13 Debtors And Their Attorneys. sbes (Entered: 06/30/2003)
06/30/2003	14	Motion By Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp To Confirm First Amended Plan. {CRR-1} sbes (Entered: 07/01/2003)

06/30/2003	15	Notice Of Hearing RE: [14-1] Motion To Confirm First Amended Plan. {CRR-1} by Stephen Lee Kruskamp, Connie Lynne Kruskamp Scheduled For 9:00 8/5/03 at Dept A,Sacramento Courtroom 28 And Notice Of One-Hundred (100%) Percent Plan As To Unsecured Creditors. sbes (Entered: 07/01/2003)
06/30/2003	16	[16-1] Proof of Service Of [15-1] Notice of Hearing, [14-1] Motion To Confirm First Amended Plan. {CRR-1} by Stephen Lee Kruskamp, Connie Lynne Kruskamp sbes (Entered: 07/01/2003)
07/01/2003		Because the electronic record is the official record, documents filed on or after 7/1/03 are not in the paper file for this case. They are in the electronic file and may be accessed from computers in the lobby or using WebPACER. auto (Entered: 07/01/2003)
07/02/2003	17	[17-1] Report of Trustee at 341 Meeting. Meeting Held and Debtor Examined 1:30 6/26/03 . sbes (Entered: 07/02/2003)
07/02/2003	18	[18-1] Proof of Service Of [13-1] Rights And Responsibilities sbes (Entered: 07/02/2003)
08/05/2003	19	Motion By Creditor Wendover Financial Services For Relief From Stay {WGM-1} ; Memorandum Of Points And Authorities And Request For Judicial Notice . sbes (Entered: 08/05/2003)
08/05/2003	20	Notice Of Hearing RE: [19-1] Motion For Relief From Stay {WGM-1} by Wendover Financial Services Scheduled For 9:00 8/19/03 at Dept A,Sacramento Courtroom 28 sbes (Entered: 08/05/2003)
08/05/2003	21	[21-1] Declaration of Dana Federspiel In Support of [19-1] Motion For Relief From Stay {WGM-1} by Wendover Financial Services sbes (Entered: 08/05/2003)
08/05/2003	22	Movant's Informational Sheet (Section 362) filed by Creditor Wendover Financial Services RE: [19-1] Motion For Relief From Stay {WGM-1} by Wendover Financial Services sbes (Entered: 08/05/2003)
08/05/2003	23	[23-1] Proof of Service Of [20-1] Notice of Hearing, [19-1] Motion For Relief From Stay {WGM-1} by Wendover Financial Services, [21-1] Declaration sbes (Entered: 08/05/2003)
		[24-1] Minutes - Hearing Held Re: [14-1] Motion To Confirm First Amended Plan. {CRR-1} by Stephen Lee Kruskamp, Connie Lynne Kruskamp . GRANTED user (Entered:

08/05/2003	24	08/07/2003)
08/19/2003	25	[25-1] Minutes - Hearing Re: [19-1] Motion For Relief From Stay {WGM-1} by Wendover Financial Services Continued For 9:00 9/16/03 at Dept A,Sacramento Courtroom 28 sbes (Entered: 08/21/2003)
09/03/2003	26	[26-1] Opposition By Debtor Stephen Lee Kruskamp, Debtor Connie Lynne Kruskamp To [19-1] Motion For Relief From Stay {WGM-1} by Wendover Financial Services . dnes (Entered: 09/04/2003)
09/03/2003	27	[27-1] Declaration of Stephen L. Kruskamp In Support of [26-1] Opposition by Connie Lynne Kruskamp, Stephen Lee Kruskamp, Re: [19-1] Motion For Relief From Stay {WGM-1} by Wendover Financial Services dnes (Entered: 09/04/2003)
09/03/2003	28	[28-1] Certificate Of Service Of [26-1] Opposition by Connie Lynne Kruskamp, Stephen Lee Kruskamp, [27-1] Declaration . dnes (Entered: 09/04/2003)
09/15/2003	29	[29-1] Notice of Withdrawal RE: [19-1] Motion For Relief From Stay {WGM-1} by Wendover Financial Services dnes (Entered: 09/15/2003)
09/15/2003	30	[30-1] Proof of Service Of [29-1] Notice of Withdrawal {WGM-1} dnes (Entered: 09/15/2003)
09/16/2003	31	[31-1] Minutes - Hearing Held Re: [19-1] Motion For Relief From Stay {WGM-1} by Wendover Financial Services . DENIED. user (Entered: 09/17/2003)
10/01/2003	32	Request by Creditor Wendover Financial Services For Notice. sbes (Entered: 10/02/2003)
11/17/2003	33	[33-1] Notice Of Filed Claims sbes (Entered: 11/17/2003)
11/17/2003	34	[34-1] Proof of Service Of [33-1] Claims Notice sbes (Entered: 11/17/2003)
11/19/2003	35	[35-1] Order Granting [14-1] Motion To Confirm First Amended Plan. {CRR-1} by Stephen Lee Kruskamp, Connie Lynne Kruskamp sbes (Entered: 11/19/2003)
11/19/2003	35	[35-1] Order Confirming First Amended Chapter 13 Plan. sbes (Entered: 11/19/2003)

12/23/2003	36	Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} Filed By Trustee Lawrence J. Loheit Doc. No. [36-1] swos (Entered: 12/24/2003)
12/23/2003	37	Notice Of Hearing RE: [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} by Lawrence J. Loheit Scheduled For 9:00 2/10/04 at Dept A,Sacramento Courtroom 28 swos (Entered: 12/24/2003)
12/23/2003	38	[38-1] Declaration of Kari Stewart Re: [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} by Lawrence J. Loheit swos (Entered: 12/24/2003)
12/23/2003	39	[39-1] Proof of Service Of [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} by Lawrence J. Loheit, [37-1] Notice of Hearing swos (Entered: 12/24/2003)
01/27/2004	40	Response By Creditor Wendover Financial Services To [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} by Lawrence J. Loheit . maws (Entered: 01/27/2004)
01/27/2004	41	Exhibit(s) In Support Of [40-1] Response by Wendover Financial Services RE: [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} by Lawrence J. Loheit maws (Entered: 01/27/2004)
01/27/2004	42	[42-1] Proof of Service Of [40-1] Response by Wendover Financial Services, [41-1] Exhibit(s) RE: [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} by Lawrence J. Loheit maws (Entered: 01/27/2004)
02/02/2004	43	Notice Of Continued Hearing RE: [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} by Lawrence J. Loheit Continued For 9:00 2/24/04 at Dept A,Sacramento Courtroom 28 sbes (Entered: 02/02/2004)
02/02/2004	44	[44-1] Proof of Service Of [43-1] Notice of Continued Hearing {WGM-2} sbes (Entered: 02/02/2004)
02/18/2004	45	[45-1] Minutes - Hearing Held Re: [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} by Lawrence J. Loheit . THE FINAL RULING WAS VACATED AND THE OBJECTION WAS SUSTAINED. jjas (Entered: 02/18/2004)

03/03/2004	46	[46-1] Order Sustaining [36-1] by Lawrence J. Loheit Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} sbes (Entered: 03/04/2004)
03/04/2004	47	[47-1] Court's Certificate of Mailing RE: [46-1] Order {LJL-1}. sbes (Entered: 03/04/2004)
04/07/2004	48	Ex Parte Application Filed By Trustee Lawrence J. Loheit To File Amended [46-1] Order RE: [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} jjas (Entered: 04/08/2004)
04/09/2004	49	[49-1] First Amended Order Overruling [36-1] Objection To Claim Of Wendover Financial Services Claim Number 4 {LJL-1} by Lawrence J. Loheit maws (Entered: 04/09/2004)
04/09/2004	50	Amended [4-1] Chapter 13 Plan Filed By Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp (Plan Confirmed 11/19/03). sbes (Entered: 04/12/2004)
04/09/2004	51	Motion By Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp To Modify Plan Payments After Confirmation {CRR-2} sbes (Entered: 04/12/2004)
04/09/2004	52	Notice Of Hearing RE: [51-1] Motion To Modify Plan Payments After Confirmation {CRR-2} by Stephen Lee Kruskamp, Connie Lynne Kruskamp Scheduled For 9:00 5/25/04 at Dept A,Sacramento Courtroom 28 sbes (Entered: 04/12/2004)
04/09/2004	53	[53-1] Declaration of Stephen Lee Kruskamp (Signed By Connie Kruskamp) In Support of [51-1] Motion To Modify Plan Payments After Confirmation {CRR-2} by Stephen Lee Kruskamp, Connie Lynne Kruskamp sbes (Entered: 04/12/2004)
04/09/2004	54	[54-1] Proof of Service Of [52-1] Notice of Hearing, [51-1] Motion To Modify Plan Payments After Confirmation {CRR-2} by Stephen Lee Kruskamp, Connie Lynne Kruskamp, [53-1] Declaration sbes (Entered: 04/12/2004)
04/09/2004	55	[55-1] Proof of Service Of [50-1] Amended [4-1] Chapter 13 Plan by Stephen Lee Kruskamp, Connie Lynne Kruskamp sbes (Entered: 04/12/2004)
04/16/2004	56	Motion By Trustee Lawrence J. Loheit To Dismiss Case {LJL-2} maws (Entered: 04/16/2004)
		Notice Of Hearing RE: [56-1] Motion To Dismiss Case {LJL-2}

04/16/2004	57	by Lawrence J. Loheit Scheduled For 3:00 5/19/04 at Dept A,Sacramento Courtroom 28 maws (Entered: 04/16/2004)
04/16/2004	58	[58-1] Declaration of Trina Honeycutt In Support of [56-1] Motion To Dismiss Case {LJL-2} by Lawrence J. Loheit maws (Entered: 04/16/2004)
04/16/2004	59	[59-1] Certificate Of Service Of [57-1] Notice of Hearing, [56-1] Motion To Dismiss Case {LJL-2} by Lawrence J. Loheit, [58-1] Declaration . maws (Entered: 04/16/2004)
05/19/2004	60	[60-1] Minutes - Hearing Held Re: [56-1] Motion To Dismiss Case {LJL-2} by Lawrence J. Loheit. GRANTED IN PART. THE DEBTOR HAS UNTIL 5/25/04 TO OBTAIN CONFIRMATION OF AN AMENDED OR MODIFIED PLAN OR THE CASE WILL BE DISMISSED ON THE TRUSTEE'S EX PARTE APPLICATION. maws (Entered: 05/21/2004)
05/25/2004	62	[62-1] Minutes - Hearing Held Re: [51-1] Motion To Modify Plan Payments After Confirmation {CRR-2} by Stephen Lee Kruskamp, Connie Lynne Kruskamp . MOTION WAS GRANTED. sbes (Entered: 05/27/2004)
05/26/2004	61	[61-1] Order Temporarily Denying [56-1] Motion To Dismiss Case {LJL-2} by Lawrence J. Loheit sbes (Entered: 05/26/2004)
05/28/2004	63	Ex Parte Application And Declaration For Additional Compensation Of C. Roman Rector As Attorney For Debtor (Fees: $ 260.00) Filed By C. Roman Rector for Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp user (Entered: 06/01/2004)
06/02/2004	64	[64-1] Order Granting [63-1] Application For Additional Compensation Of C. Roman Rector As Attorney For Debtor (Fees: $ 260.00) by C. Roman Rector sbes (Entered: 06/03/2004)
06/03/2004	65	[65-1] Certificate Of Service Of [61-1] Order . {LJL-2} sbes (Entered: 06/03/2004)
06/10/2004	66	[66-1] Order Granting [51-1] Motion To Modify Plan Payments After Confirmation {CRR-2} by Stephen Lee Kruskamp, Connie Lynne Kruskamp swos (Entered: 06/10/2004)
		Motion By Creditor Wendover Financial Services For Relief From Stay {WGM-2} ; Memorandum Of Points And Authorities And Request For Judicial Notice. Fee $ 150.00 sbes (Entered:

10/05/2004	67	10/06/2004)
10/05/2004	68	Notice Of Hearing RE: [67-1] Motion For Relief From Stay {WGM-2} by Wendover Financial Services Scheduled For 9:00 10/19/04 at Dept A,Sacramento Courtroom 28 sbes (Entered: 10/06/2004)
10/05/2004	69	[69-1] Declaration of Dana Federspiel In Support of [67-1] Motion For Relief From Stay {WGM-2} by Wendover Financial Services sbes (Entered: 10/06/2004)
10/05/2004	70	Exhibit(s) In Support Of [67-1] Motion For Relief From Stay {WGM-2} by Wendover Financial Services sbes (Entered: 10/06/2004)
10/05/2004	71	Movant's Informational Sheet (Section 362) filed by Creditor Wendover Financial Services RE: [67-1] Motion For Relief From Stay {WGM-2} by Wendover Financial Services sbes (Entered: 10/06/2004)
10/05/2004	72	[72-1] Proof of Service Of [68-1] Notice of Hearing, [67-1] Motion For Relief From Stay {WGM-2} by Wendover Financial Services, [69-1] Declaration sbes (Entered: 10/06/2004)
10/19/2004	73	[73-1] Minutes - Hearing Held Re: [67-1] Motion For Relief From Stay {WGM-2} by Wendover Financial Services . MOTION WAS GRANTED IN PART. sbes (Entered: 10/21/2004)
10/26/2004	74	Objection To Claim Of Wilshire Credit Corp. {CRR-3} Filed By Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp Doc. No. [74-1] sbes (Entered: 10/27/2004)
10/26/2004	75	Notice Of Hearing RE: [74-1] Objection To Claim Of Wilshire Credit Corp. {CRR-3} by Stephen Lee Kruskamp, Connie Lynne Kruskamp Scheduled For 9:30 12/21/04 at Dept D,Sacramento Courtroom 34 sbes (Entered: 10/27/2004)
10/26/2004	76	[76-1] Declaration of Stephen Lee Kruskamp In Support of [74-1] Objection To Claim Of Wilshire Credit Corp. {CRR-3} by Stephen Lee Kruskamp, Connie Lynne Kruskamp sbes (Entered: 10/27/2004)
10/26/2004	77	[77-1] Proof of Service Of [74-1] Objection To Claim Of Wilshire Credit Corp. {CRR-3} by Stephen Lee Kruskamp, Connie Lynne Kruskamp, [75-1] Notice of Hearing, [76-1] Declaration sbes (Entered: 10/27/2004)

10/30/2004		This case has been reassigned to Judge Thomas Holman, Department D. auto (Entered: 10/30/2004)
11/08/2004	78	[78-1] Proof of Service Of [Proposed] Conditional Order RE: [67-1] Motion For Relief From Stay {WGM-2} by Wendover Financial Services {WGM-2} lpas (Entered: 11/08/2004)
11/09/2004	79	[79-1] Conditional Order Re: [67-1] Motion For Relief From Stay {WGM-2} by Wendover Financial Services user (Entered: 11/12/2004)
11/12/2004		Requested That BNC Send Notice of Entry user (Entered: 11/12/2004)
11/12/2004	80	Notice of Entry of [79-1] Order with Certificate of Service. sbes (Entered: 11/15/2004)
12/21/2004	81	[81-1] Minutes - Hearing Held Re: [74-1] Objection To Claim Of Wilshire Credit Corp. {CRR-3} by Stephen Lee Kruskamp, Connie Lynne Kruskamp . SUSTAINED dnes (Entered: 12/22/2004)
12/23/2004	82	Civil Minute Order Sustaining [74-1] by Stephen Lee Kruskamp, Connie Lynne Kruskamp Objection To Claim Of Wilshire Credit Corp. {CRR-3} . swos (Entered: 12/23/2004)
12/23/2004		Requested That BNC Send Notice of Entry swos (Entered: 12/23/2004)
12/23/2004	83	Notice of Entry of [82-1] Civil Minute Order with Certificate of Service. sbes (Entered: 12/27/2004)
01/03/2005	84	Motion By Trustee Lawrence J. Loheit To Dismiss Case {LJL-3} sbes (Entered: 01/03/2005)
01/03/2005	85	Notice Of Hearing RE: [84-1] Motion To Dismiss Case {LJL-3} by Lawrence J. Loheit Scheduled For 1:00 2/2/05 at Dept D,Sacramento Courtroom 34 sbes (Entered: 01/03/2005)
01/03/2005	86	[86-1] Declaration of Kimberly S. Brandt In Support of [84-1] Motion To Dismiss Case {LJL-3} by Lawrence J. Loheit sbes (Entered: 01/03/2005)
01/03/2005	87	[87-1] Certificate Of Service Of [85-1] Notice of Hearing, [84-1] Motion To Dismiss Case {LJL-3} by Lawrence J. Loheit, [86-1] Declaration . sbes (Entered: 01/03/2005)

01/10/2005	88	[88-1] Amended Motion by Trustee Lawrence J. Loheit RE: [84-1] Motion To Dismiss Case {LJL-3} by Lawrence J. Loheit sbes (Entered: 01/10/2005)
01/10/2005	89	Amended Notice Of Hearing RE: [84-1] Motion To Dismiss Case {LJL-3} by Lawrence J. Loheit Scheduled For 1:00 2/2/05 at Dept D,Sacramento Courtroom 34 sbes (Entered: 01/10/2005)
01/10/2005	90	[90-1] Declaration of Kimberly S. Brandt In Support of [88-1] Amended Motion To Dismiss Case by Lawrence J. Loheit {LJL-3}. sbes (Entered: 01/10/2005)
01/10/2005	91	[91-1] Certificate Of Service Of [89-1] Amended Notice of Hearing, [88-1] Amended Motion by Lawrence J. Loheit, [90-1] Declaration RE: [84-1] Motion To Dismiss Case {LJL-3} by Lawrence J. Loheit . sbes (Entered: 01/10/2005)
02/01/2005	92	2nd Modified Plan RE: [50-1] Amended [4-1] Chapter 13 Plan by Stephen Lee Kruskamp, Connie Lynne Kruskamp sbes (Entered: 02/02/2005)
02/01/2005	93	[93-1] Proof of Service Of [92-1] Modified Plan sbes (Entered: 02/02/2005)
02/01/2005	94	Motion By Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp To Modify Plan After Confirmation {CRR-4} sbes (Entered: 02/02/2005)
02/01/2005	95	Notice Of Hearing RE: [94-1] Motion To Modify Plan After Confirmation {CRR-4} by Stephen Lee Kruskamp, Connie Lynne Kruskamp Scheduled For 9:30 3/15/05 at Dept D,Sacramento Courtroom 34 sbes (Entered: 02/02/2005)
02/01/2005	96	[96-1] Declaration of Stephen Lee Kruskamp In Support of [94-1] Motion To Modify Plan After Confirmation {CRR-4} by Stephen Lee Kruskamp, Connie Lynne Kruskamp sbes (Entered: 02/02/2005)
02/01/2005	97	[97-1] Proof of Service Of [95-1] Notice of Hearing, [94-1] Motion To Modify Plan After Confirmation {CRR-4} by Stephen Lee Kruskamp, Connie Lynne Kruskamp, [96-1] Declaration sbes (Entered: 02/02/2005)
02/02/2005	98	[98-1] Minutes - Hearing Held Re: [84-1] Motion To Dismiss Case {LJL-3} by Lawrence J. Loheit . MOTION WAS CONDITIONALLY DENIED. sbes (Entered: 02/03/2005)

02/22/2005	99	[99-1] Order Temporarily Denying [84-1] Motion To Dismiss Case {LJL-3} by Lawrence J. Loheit sbes (Entered: 02/23/2005)
02/23/2005		Requested That BNC Send Notice of Entry sbes (Entered: 02/23/2005)
02/23/2005	100	Notice of Entry of [99-1] Order with Certificate of Service. sbes (Entered: 02/28/2005)
03/07/2005	101	Motion By C. Roman Rector for Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp For Additional Compensation Of C. Roman Rector As Counsel For Debtors (Fees: $ 2,020.00 Expenses: 21.60) {CRR-5} rlos (Entered: 03/07/2005)
03/07/2005	102	Notice Of Hearing RE: [101-1] Motion For Additional Compensation Of C. Roman Rector As Counsel For Debtors (Fees: $ 2,020.00 Expenses: 21.60) {CRR-5} by C. Roman Rector Scheduled For 9:30 4/5/05 at Dept D,Sacramento Courtroom 34 rlos (Entered: 03/07/2005)
03/07/2005	103	[103-1] Declaration of C. Roman Rector In Support of [101-1] Motion For Additional Compensation Of C. Roman Rector As Counsel For Debtors (Fees: $ 2,020.00 Expenses: 21.60) {CRR-5} by C. Roman Rector rlos (Entered: 03/07/2005)
03/07/2005	104	[104-1] Proof of Service Of [102-1] Notice of Hearing, [101-1] Motion For Additional Compensation Of C. Roman Rector As Counsel For Debtors (Fees: $ 2,020.00 Expenses: 21.60) {CRR-5} by C. Roman Rector rlos (Entered: 03/07/2005)
03/08/2005	105	Ex Parte Application Filed By Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp To Borrow/Refinance And Pay Off Chapter 13 sbes (Entered: 03/08/2005)
03/08/2005	106	[106-1] Certificate Of Service Of [105-1] Application To Borrow/Refinance And Pay Off Chapter 13 by Stephen Lee Kruskamp, Connie Lynne Kruskamp And Proposed Order. sbes (Entered: 03/08/2005)
03/15/2005	107	[107-1] Minutes - Hearing Held Re: [94-1] Motion To Modify Plan After Confirmation {CRR-4} by Stephen Lee Kruskamp, Connie Lynne Kruskamp . MOTION WAS GRANTED. sbes (Entered: 03/16/2005)
		[108-1] Order Granting [105-1] Application To Borrow/Refinance And Pay Off Chapter 13 by Stephen Lee

03/17/2005	108	Kruskamp, Connie Lynne Kruskamp sbes (Entered: 03/18/2005)
03/22/2005	109	Civil Minute Order Granting [94-1] Motion To Modify Plan After Confirmation {CRR-4} by Stephen Lee Kruskamp, Connie Lynne Kruskamp . jjas (Entered: 03/22/2005)
03/22/2005		Requested That BNC Send Notice of Entry jjas (Entered: 03/22/2005)
03/22/2005	110	Notice of Entry of [109-1] Civil Minute Order with Certificate of Service. sbes (Entered: 03/25/2005)
04/05/2005	111	[111-1] Minutes - Hearing Held Re: [101-1] Motion For Additional Compensation Of C. Roman Rector As Counsel For Debtors (Fees: $ 2,020.00 Expenses: 21.60) {CRR-5} by C. Roman Rector. MOTION WAS APPROVED. maws (Entered: 04/06/2005)
04/14/2005	112	Civil Minute Order Granting [101-1] Motion For Additional Compensation Of C. Roman Rector As Counsel For Debtors (Fees: $ 2,020.00 Expenses: 21.60) {CRR-5} by C. Roman Rector . swos (Entered: 04/14/2005)
04/14/2005		Requested That BNC Send Notice of Entry swos (Entered: 04/14/2005)
04/14/2005	113	Notice of Entry of [112-1] Civil Minute Order with Certificate of Service. sbes (Entered: 04/18/2005)
05/17/2005	114	Application Filed By Trustee Lawrence J. Loheit To Dismiss Case {LJL-4} sbes (Entered: 05/17/2005)
05/17/2005	115	[115-1] Proof of Service Of [114-1] Application To Dismiss Case {LJL-4} by Lawrence J. Loheit, [115-1] Proof of Service sbes (Entered: 05/17/2005)
07/06/2005		This case has been reassigned to Judge Robert S. Bardwil, Sacramento Division Department D. auto (Entered: 07/06/2005)
09/06/2005	116	Motion/Application to Dismiss Case/Proceeding [LJL-4] Filed by Trustee Lawrence J. Loheit (lpas) (Entered: 09/06/2005)
09/06/2005	117	Notice of Hearing Re: 116 Motion/Application to Dismiss Case/Proceeding [LJL-4] to be held on 9/20/2005 at 10:00 AM at Sacramento Courtroom 34, Department D. (lpas) (Entered: 09/06/2005)

09/06/2005	118	Declaration of Kimberly S. Brandt In support of 116 Motion/Application to Dismiss Case/Proceeding [LJL-4] (lpas) (Entered: 09/06/2005)
09/06/2005	119	Certificate/Proof of Service of 116 Motion/Application to Dismiss Case/Proceeding [LJL-4], 117 Notice of Hearing, 118 Declaration [LJL-4] (lpas) (Entered: 09/06/2005)
09/14/2005	120	Request for Special Notice (sbes) (Entered: 09/14/2005)
09/20/2005	121	Civil Minutes -- Hearing Held Re: 116 Motion/Application to Dismiss Case/Proceeding [LJL-4] [LJL-4] (sbes) (Entered: 09/21/2005)
09/23/2005	122	Order Granting 116 Motion/Application to Dismiss Case/Proceeding [LJL-4] (rlos) (Entered: 09/26/2005)
09/26/2005	123	Notice of Entry as Transmitted to BNC for Service (rlos) (Entered: 09/26/2005)
09/26/2005	124	Certificate of Service of Notice of Entry as served by the Bankruptcy Noticing Center (Admin.) (Entered: 09/28/2005)
01/24/2006	125	Trustee's Final Report and Account (kwis) (Entered: 01/24/2006)
01/24/2006	126	Certificate/Proof of Service of 125 Trustee's Final Report and Account (kwis) (Entered: 01/24/2006)
02/23/2006	127	Order Approving Final Report and Discharging Trustee. (lpas) (Entered: 02/23/2006)
02/24/2006	128	Order to Close Case (lpas) (Entered: 02/24/2006)
02/24/2006		Bankruptcy Case Closed (lpas) (Entered: 02/24/2006)

ıted from station # 2

CLOSED

U.S. Bankruptcy Court [LIVE - CM 3.3.1]
Eastern District of California (Sacramento)
Bankruptcy Petition #: 01-29482

igned to: Judge Michael S. McManus
pter 13
untary
et

Date filed: 08/09/2001
Date terminated: 04/30/2003

tor
phen Lee Kruskamp
2 WALNUT RD
R OAKS, CA 95628
)
/ ITIN: xxx-xx-0729

represented by Stephen J. Johnson
11879 Kemper Rd #9
Auburn, CA 95603
(530) 823-3655

tor
nie Lynne Kruskamp
2 WALNUT RD
R OAKS, CA 95628
)
/ ITIN: xxx-xx-7159

represented by Stephen J. Johnson
(See above for address)

stee
rence J. Loheit
Box 1858
ramento, CA 95812-1858
-856-8000

ing Date	#	Docket Text
09/2001	1	Voluntary Petition all schedules and statements. (Fee $ 185 Receipt # 2-1-015432) auto (Entered: 08/13/2001)
09/2001	3	[3-1] Master Address List. auto (Entered: 08/13/2001)
09/2001	4	Chapter 13 Plan. auto (Entered: 08/13/2001)
09/2001	5	[5-1] Rights And Responsibilities Of Chapter 13 Debtors And Their Attorneys. sbes (Entered: 08/13/2001)
10/2001	2	Designation Of Trustee auto (Entered: 08/13/2001)
04/2001	6	[6-1] Notice Of Commencement Of Case Under Chapter 13, Meeting Of Creditors And Fixing Of Dates. First Meeting Scheduled For 10:30 9/27/01 At Meeting Room 7-A ;Last Day to File Proofs Of Claim: 12/26/01 sbes (Entered: 09/04/2001)
25/2001		ENTERED ON DOCKET IN ERROR Business Exam Report By Trustee Lawrence J. Loheit user (Entered: 09/25/2001)
25/2001	7	Examiner's Report user (Entered: 09/26/2001)
04/2001	8	[8-1] Amended Schedule(s)/Statement Of Financial Affairs user (Entered: 10/04/2001)
04/2001	9	[9-1] Proof of Service Of [4-1] Chapter 13 Plan user (Entered: 10/04/2001)

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11/2001	10	[10-1] Amended Schedule(s) C, I And J user (Entered: 10/11/2001)
01/2001	11	Trustee's Interim Report. user (Entered: 11/01/2001)
08/2001	12	[12-1] Order Confirming Chapter 13 Plan. user (Entered: 11/09/2001)
08/2001	12	[12-1] Order, For Compensation Of Stephen J. Johnson As Attorney For Debtor (Fees: $ 3,500.00) user (Entered: 11/09/2001)
22/2002	13	[13-1] Notice Of Filed Claims sbes (Entered: 03/22/2002)
01/2002	14	Notice Of Motion And Motion By Creditor Wendover Financial Services For Relief From Stay Part II {WGM-1} ; Memorandum Of Points And Authorities In Support Thereof . swos (Entered: 05/01/2002)
01/2002		Hearing Re: [14-1] Motion For Relief From Stay Part II {WGM-1} by Wendover Financial Services Scheduled For 9:00 5/21/02 at Dept A,Sacramento Courtroom 28 swos (Entered: 05/01/2002)
01/2002	15	[15-1] Declaration of Tracie Dean In Support of [14-1] Motion For Relief From Stay Part II {WGM-1} by Wendover Financial Services swos (Entered: 05/01/2002)
01/2002	16	Movant's Informational Sheet (Section 362) filed by Creditor Wendover Financial Services RE: [14-1] Motion For Relief From Stay Part II {WGM-1} by Wendover Financial Services swos (Entered: 05/01/2002)
21/2002	17	[17-1] Minutes - Hearing Held Re: [14-1] Motion For Relief From Stay Part II {WGM-1} by Wendover Financial Services GRANTED. user (Entered: 05/23/2002)
14/2002	18	[18-1] Stipulation And Order By And Between Creditor Wendover Financial Services, Debtor Connie Lynne Kruskamp, Debtor Stephen Lee Kruskamp, Granting Adequate Protection {WGM-1} user (Entered: 06/17/2002)
18/2002	19	[19-1] Court's Certificate of Mailing RE: [18-1] Stipulation And Order For Adequate Protection {WGM-1} Between Stephen Lee Kruskamp, Connie Lynne Kruskamp, Wendover Financial Services user (Entered: 06/18/2002)
19/2002	20	Application Filed By Trustee Lawrence J. Loheit To Dismiss Case {LJL-1} user (Entered: 09/19/2002)
14/2002	21	[21-1] Declaration of William G. Malcolm RE: Breach Of Condition RE: [14-1] Motion For Relief From Stay Part II {WGM-1} by Wendover Financial Services user (Entered: 11/15/2002)
15/2002	22	[22-1] Order Granting [14-1] Motion For Relief From Stay Part II {WGM-1} by Wendover Financial Services dnes (Entered: 11/18/2002)
18/2002	23	[23-1] Court's Certificate of Mailing RE: [22-1] Order dnes (Entered: 11/18/2002)

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		Dismiss Case {LJL-2} sbes (Entered: 12/16/2002)
06/2003	25	[25-1] Declaration of Stephanie Lewandowski In Support of [24-1] Application To Dismiss Case {LJL-2} by Lawrence J. Loheit dnes (Entered: 02/06/2003)
12/2003	26	[26-1] Order Granting [24-1] Application To Dismiss Case {LJL-2} by Lawrence J. Loheit user (Entered: 02/12/2003)
12/2003		BNC Notice re Dismissal Requested user (Entered: 02/12/2003)
12/2003	27	Notice of Entry of [26-1] Order with Certificate of Service. dnes (Entered: 02/18/2003)
17/2003	28	[28-1] Trustee's Final Report and Account user (Entered: 03/17/2003)
17/2003	29	[29-1] Certificate Of Service Of [28-1] Chapter 12/13 Report . user (Entered: 03/17/2003)
30/2003	30	Order Approving Final Report and Discharging Trustee. swos (Entered: 04/30/2003)
30/2003	31	[31-1] Order to Close Case. swos (Entered: 04/30/2003)
30/2003		Case Closed. swos (Entered: 04/30/2003)

PACER Service Center
Transaction Receipt

11/16/2009 15:17:59

ER Login: pa0000	Client Code: Public Access
cription: Docket Report	Search Criteria: 01-29482 Fil or Ent: filed Doc From: 0 Doc To: 99999999 Term: included Format: text
lable Pages: 2	Cost: 0.16

VA MEDICAL CENTER
10535 HOSPITAL WAY
Mail Stop: ROI/SAC
MATHER, CA 95655

DEPARTMENT OF VETERANS AFFAIRS

DATE: 11/17/2009
In Reply Refer To: ROI/SAC
SSN: 0729

STEVE L KRUSKAMP
****MAIL USPS ONLY****
5112 KENNETH AVE
CARMICHAEL, CALIFORNIA 95608

RE: ROI Request for STEVE KRUSKAMP

Dear MR KRUSKAMP:

The information listed below is furnished in response to your recent request under the Privacy Act.

We are enclosing a copy of the information you requested.

Sincerely,

PHILLIP COLE - Release of Information

Radiology Reports

Printed On Nov 17, 2009

CHEST 2 VIEWS PA&LAT

Exm Date: OCT 29, 2009@14:00
Req Phys: ORISEK,BRIAN S

Pat Loc: SAC SUR ENT ORISEK (Req'g Loc)
Img Loc: SACRAMENTO RADIOLOGY
Service: Unknown

(Case 2217 COMPLETE) CHEST 2 VIEWS PA&LAT (RAD Detailed) CPT:71020
Reason for Study: preop nasal surgery

Clinical History:
s/p septorhinoplasty

Report Status: Verified

Date Reported: OCT 29, 2009
Date Verified: OCT 29, 2009

Verifier E-Sig:/ES/Juliet Brown-Lambey MD

Report:
Chest PA and lateral views and left rib series.

Comparison: 3/18/2009.

RIBS: No displaced rib fracture is present. There is no gross osseous destruction.

Chest: The cardiac silhouette is normal in size. The mediastinal contour is grossly unremarkable. There is no pneumothorax, focal consolidation, evidence of pulmonary edema or pleural effusion. Mild degenerative changes are present within the thoracic spine.

Impression:

1. No displaced rib fracture.

2. No acute cardiopulmonary abnormality.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
Juliet Brown-Lambey MD, Radiologist (Verifier)
/JB

RIBS UNILAT 2 VIEWS

Exm Date: OCT 29, 2009@14:01
Req Phys: DAVIS,MARCIA J

Pat Loc: SAC MED EMERGENCY (Req'g Loc)
Img Loc: SACRAMENTO RADIOLOGY
Service: Unknown

(Case 2219 COMPLETE) RIBS UNILAT 2 VIEWS (RAD Detailed) CPT:71100
Proc Modifiers : LEFT
Reason for Study: r/o injury

Clinical History:
3 days ago lying on chest installing wood flooring and heard a pop where cartilage was harvested - lt lower anterior chest wall.

Report Status: Verified

Date Reported: OCT 29, 2009
Date Verified: OCT 29, 2009

Verifier E-Sig:/ES/Juliet Brown-Lambey MD

Report:
Exam: Rib series.

Impression:
Please see case # 2217 .

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
Juliet Brown-Lambey MD, Radiologist (Verifier)
/JB

CHEST 2 VIEWS PA&LAT

Exm Date: MAR 18, 2009@11:01
Req Phys: SALGADO,MOSES

Pat Loc: SAC SUR ENT FACIAL PLASTICS (R
Img Loc: SACRAMENTO RADIOLOGY
Service: Unknown

Radiology Reports

(Case 1534 COMPLETE) CHEST 2 VIEWS PA&LAT (RAD Detailed) CPT:71020
Reason for Study: PreOp Chest XRay

Clinical History:
Preop Screening chest xray

Report Status: Verified Date Reported: MAR 18, 2009
Date Verified: MAR 18, 2009

Verifier E-Sig:/ES/Juliet Brown-Lambey MD

Report:
Findings:

PA and lateral views of the chest were reviewed and compared to prior examination dated 5/4/2004. The cardiomediastinal silhouette is of normal size. The trachea is midline. No focal airspace opacity, pleural effusion, or pneumothorax is identified. The pulmonary vasculature is within normal limits. Mild degenerative changes are noted within the thoracic spine.

Impression:

No radiographic acute cardiopulmonary process

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
Juliet Brown-Lambey MD, Radiologist (Verifier)
/JB

KNEE 3 VIEWS

Exm Date: MAY 05, 2008@15:52
Req Phys: BRESOLIN,JOEL PAUL
Pat Loc: NSAC ANC C&P BRESOLIN (Req'g L
Img Loc: MCCLELLAN RADIOLOGY
Service: Unknown

(Case 548 COMPLETE) KNEE 3 VIEWS (RAD Detailed) CPT:73562
Proc Modifiers : LEFT
Reason for Study: see clinical history

Clinical History:

adv degeneration, internal derang

Report Status: Verified

Date Reported: MAY 06, 2008
Date Verified: MAY 06, 2008

Verifier E-Sig:/ES/William Boyd, MD

Report:
Right knee moderate to severe DJD compartment mild DJD medial compartment. good alignment and mineralization. Patellofemoral compartment appears normal. 2 calcifications present in the popliteals space. These were present on previous study. Left knee no detectable abnormality.

Impression:
DJD right knee worse lateral compartment. Finding slightly worse than previous study

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
William Boyd, MD, Radiologist (Verifier)
/WB

SPINE THORACIC AP&LAT&SWIM VIEWS

Exm Date: MAY 05, 2008@15:52
Req Phys: BRESOLIN,JOEL PAUL

Pat Loc: NSAC ANC C&P BRESOLIN (Req'g L
Img Loc: MCCLELLAN RADIOLOGY
Service: Unknown

(Case 547 COMPLETE) SPINE THORACIC AP&LAT&SWIM VIEWS (RAD Detailed) CPT:72072
Reason for Study: C&P claim

Clinical History:
spine secondary to knees

Report Status: Verified

Date Reported: MAY 06, 2008
Date Verified: MAY 06, 2008

Verifier E-Sig:/ES/Juliet Brown-Lambey MD

Report:

Thoracic spine series: 2 views.

Comparison: Chest x-ray of 5/4/2004.

Findings: There is normal alignment of the thoracic spine. No compression fractures present. Joint space narrowing, spurring and sclerosis is present within the mid and lower thoracic vertebra.

Impression:

1. Degenerative disc disease of the lower thoracic spine, minimally changed since 2004.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
Juliet Brown-Lambey MD, Radiologist (Verifier)
/JB

KNEE 3 VIEWS

Exm Date: MAY 05, 2008@15:52
Req Phys: BRESOLIN,JOEL PAUL

Pat Loc: NSAC ANC C&P BRESOLIN (Req'g L
Img Loc: MCCLELLAN RADIOLOGY
Service: Unknown

(Case 546 COMPLETE) KNEE 3 VIEWS (RAD Detailed) CPT:73562
Proc Modifiers : BILATERAL EXAM
Reason for Study: C&P claim

Clinical History:
adv degeneration, internal derang

Report Status: Verified

Date Reported: MAY 09, 2008
Date Verified: MAY 09, 2008

Verifier E-Sig:/ES/William Boyd, MD

Report:
Right knee moderate to severe DJD compartment mild DJD medial

compartment. good alignment and mineralization. Patellofemoral compartment appears normal. 2 calcifications present in the popliteals space. These were present on previous study. Left knee no detectable abnormality.

Impression:
DJD right knee worse lateral compartment. Finding slightly worse than previous study

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
William Boyd, MD, Radiologist (Verifier)
/WB

SPINE LUMBOSACRAL MIN 2 VIEWS

Exm Date: MAY 05, 2008@15:52
Req Phys: BRESOLIN,JOEL PAUL
Pat Loc: NSAC ANC C&P BRESOLIN (Req'g L
Img Loc: MCCLELLAN RADIOLOGY
Service: Unknown

(Case 544 COMPLETE) SPINE LUMBOSACRAL MIN 2 VIEWS (RAD Detailed) CPT:72100
Reason for Study: C&P claim

Clinical History:
cond claimed secondary to bilat knees

Report Status: Verified
Date Reported: MAY 06, 2008
Date Verified: MAY 06, 2008

Verifier E-Sig:/ES/STANLEY B. REICH, MD

Report:
Three views of the lumbar spine

L5 is slightly forward on S1 and there is a suggestion of a laminar defect at this level. There is slight scoliosis, convex to the right, in the lower lumbar region. There is mild spurring at L3/4/5/S1. The sacroiliac joints are clear. No other significant finding revealed.

Impression:
Probable spondylolysis and spondylolisthesis L5-S1. Recommend oblique films for further analysis. DDD lower lumbar region. No other significant finding.

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
STANLEY B. REICH, MD, STAFF RADIOLOGIST (Verifier)
/2020S

FOOT 3 OR MORE VIEWS

Exm Date: JUL 12, 2006@14:08
Req Phys: HOOVER,DOROTHEA

Pat Loc: SAC MED PC HOOVER ACA (Req'g L
Img Loc: SACRAMENTO RADIOLOGY
Service: Unknown

(Case 1516 COMPLETE) FOOT 3 OR MORE VIEWS (RAD Detailed) CPT:73630

Clinical History:
left foot pain

Report Status: Verified

Date Reported: JUL 13, 2006
Date Verified: JUL 13, 2006

Verifier E-Sig:/ES/David Lewis, MD

Report:
Three views of the left foot. No comparison.

The bones appear intact, without an acute fracture or areas of focal bone destruction. There is mild hallux valgus without significant metatarsus primus varus. Joint spaces in the foot are fairly well-preserved. The soft tissues of the foot are unremarkable. No plantar calcaneal spur.

Impression:
1. Radiographically unremarkable left foot. No acute fracture or dislocation and no substantial arthropathy.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
David Lewis, MD, Radiologist (Verifier)
/DL

WRIST 3 OR MORE VIEWS

Exm Date: MAY 31, 2006@15:25
Req Phys: CHEN,JAMES H

Pat Loc: SAC MED EMERGENCY (Req'g Loc)
Img Loc: SACRAMENTO RADIOLOGY
Service: Unknown

(Case 1221 COMPLETE) WRIST 3 OR MORE VIEWS (RAD Detailed) CPT:73110
Proc Modifiers : RIGHT

Clinical History:
pain x 1 wk

Report Status: Verified

Date Reported: MAY 31, 2006
Date Verified: MAY 31, 2006

Verifier E-Sig:/ES/David Lewis, MD

Report:
3 views of the right wrist.

Bones of the wrist appear intact, without acute fracture or areas of focal bone destruction. There is a little residual deformity of the fifth metacarpal, likely an old healed fracture.

Radial and ulnar styloids are intact. Alignment of the proximal and distal carpal rows is preserved and no widening or narrowing intercarpal spaces or carpal-metacarpal spaces are seen. There is no significant degenerative joint disease. No perilunate or lunate dislocation. No evidence of triquetral fracture.

Impression:
1. Radiographically intact right wrist.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
David Lewis, MD, Radiologist (Verifier)
/DL

ECHOGRAM SCROTUM

Exm Date: DEC 10, 2004@13:46
Req Phys: HOOVER,DOROTHEA

Pat Loc: ZZSACMEDPCHOOVERNEW (Req'g Loc
Img Loc: SACRAMENTO U/S
Service: Unknown

(Case 2585 COMPLETE) ECHOGRAM SCROTUM (US Detailed) CPT:76870

Clinical History:
left testicular pain for 1 yr r/o CA ASAP within 3 wks

Report Status: Verified

Date Reported: DEC 10, 2004
Date Verified: DEC 13, 2004

Verifier E-Sig:/ES/DORIAN HAYES

Report:
EXAM: Scrotal ultrasound.

TECHNIQUE: Routine imaging of the scrotum was done on 12/10/04, without prior study for comparison.

HISTORY: The patient's pain is in the left testicular region.

FINDINGS: The testicles are normal in size, shape and position, with the right testicle measuring 4.2 x 2.1 x 2.6 cm and the left testicle measuring 4.3 x 2.0 x 2.7 cm. There are no hydroceles. There is a right epididymal cyst, measuring .67 x .94 x .80 cm. The left epididymis appears normal.

Impression:
1. No significant abnormality.

2. Normal testicles and epididymi except for a small right epididymal cyst. No hydrocele.

3. A note was placed in the patient's CPRS regarding these findings.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
DORIAN HAYES, M.D., Staff Radiologist (Verifier)
/NMP

CT ABDOMEN W/O CONT

Exm Date: JUN 10, 2004@10:44
Req Phys: HOOVER,DOROTHEA

Pat Loc: ZZZSACMEDPCHOOVERFU (Req'g Loc
Img Loc: SACRAMENTO CT
Service: Unknown

(Case 2093 COMPLETE) CT ABDOMEN W/O CONT (CT Detailed) CPT:74150

Clinical History:
wt loss r/o ca ASAP within 6 wks if possible

Report Status: Verified

Date Reported: JUN 10, 2004
Date Verified: JUN 11, 2004

Verifier E-Sig:/ES/ASIF ANWAR

Report:
Serial axial images of the abdomen were obtained from the domes of the diaphragm to the iliac crest following the administration of oral contrast.

The heart size is normal and the lung bases are clear.

The liver and spleen are normal in size and contour. No biliary dilatation is identified and the pancreas and adrenal glands appear normal.

The kidneys are in anatomic position and show no evidence for calculi or hydronephrosis. No retroperitoneal adenopathy, infiltration or hemorrhage is identified.

The visualized bowel, mesentery and omentum show no evidence for obstruction, perforation or infiltration. No free fluid is seen in the abdomen.

The osseous structures show no evidence for metastatic disease

and the subcutaneous soft tissues appear normal.

Impression:
1. There is no evidence for primary or secondary malignancy in the abdomen.

TR:crs

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
Asif Anwar, Radiologist (Consultant) (Verifier)
/CS

ECHOGRAM ABDOMEN COMPLETE

Exm Date: MAY 14, 2004@07:33
Req Phys: HOOVER,DOROTHEA

Pat Loc: ZZZSACMEDPCHOOVERFU (Req'g Loc
Img Loc: SACRAMENTO U/S
Service: Unknown

(Case 2284 COMPLETE) ECHOGRAM ABDOMEN COMPLETE (US Series) CPT:76700

Clinical History:
wt loss please do within 4 wks ASAP r/o ca

Report Status: Verified

Date Reported: MAY 14, 2004
Date Verified: MAY 18, 2004

Verifier E-Sig:/ES/STEVEN A WENTWORTH

Report:
ABDOMINAL SONOGRAM:

The liver and spleen are normal in size, shape and echogenicity. There is no intra or extrahepatic biliary distention. The gallbladder is unremarkable.

Visualized portions of the aorta and pancreas are unremarkable. The pancreatic tail was obscured by intestinal gas.

The kidneys are normal in size, shape and echogenicity. There is no evidence for obstructive uropathy or mass.

There is normally directed portal venous flow with no evidence for ascites.

Impression:
Unremarkable abdominal sonogram.

tr:lap/PSI

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
STEVEN A. WENTWORTH, M.D., RADIOLOGIST (Verifier)
/LP

CHEST 2 VIEWS PA&LAT

Exm Date: MAY 04, 2004@15:50
Req Phys: HOOVER,DOROTHEA

Pat Loc: ZZZSACMEDPCHOOVERFU (Req'g Loc
Img Loc: SACRAMENTO RADIOLOGY
Service: Unknown

(Case 1010 COMPLETE) CHEST 2 VIEWS PA&LAT (RAD Detailed) CPT:71020

Clinical History:
wt loss smoker r/o ca

Report Status: Verified

Date Reported: MAY 04, 2004
Date Verified: MAY 10, 2004

Verifier E-Sig:/ES/ASIF ANWAR

Report:
Frontal and lateral views of the chest were obtained without previous studies available for comparison.

The cardiac and mediastinal contour appears unremarkable. The lungs are clear and show no evidence for infiltrates, effusions or pneumothoraces.

Impression:
1. Unremarkable study.

tr:lap/PSI

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
Asif Anwar, Radiologist (Consultant) (Verifier)
/LP

CT HEAD W/O CONT

Exm Date: APR 16, 2004@14:20
Req Phys: GEE,RENEE C

Pat Loc: SAC MED EMERGENCY (Req'g Loc)
Img Loc: SACRAMENTO CT
Service: Unknown

(Case 2333 COMPLETE) CT HEAD W/O CONT (CT Detailed) CPT:70450

Clinical History:
UCC patient. Pt c 3 day hx of sudden onset L sharp occular pain. Pain now occuring when patient swallows and turns head to the R. Pain now located behind eye. Has had some episodes of flashes of light at 12 o'clock lasting for a few seconds(pt unable to determine which eye).

Report Status: Verified

Date Reported: APR 16, 2004
Date Verified: APR 19, 2004

Verifier E-Sig:/ES/ASIF ANWAR

Report:
Serial axial images of the chest were obtained from the base of the skull to the vertex without the use of intravenous contrast. No previous studies are available for comparison.

Mild cortical atrophy is noted. The ventricular system is non-dilated and shows no evidence for midline shift or mass effect. No intraparenchymal masses or extraaxial collections are seen. There is no evidence for acute intracranial hemorrhage or edema.

Impression:

1. Mild cortical atrophy with an otherwise unremarkable study.

tr:lap/PSI

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
Asif Anwar, Radiologist (Consultant) (Verifier)
/LP

MRI KNEE

Exm Date: MAR 18, 2004@12:56
Req Phys: HOOVER,DOROTHEA
Pat Loc: ZZSACMEDPCHOOVERNEW (Req'g Loc
Img Loc: SACRAMENTO MRI
Service: Unknown

(Case 2418 COMPLETE) MRI KNEE (MRI Detailed) CPT:73721

Clinical History:
right knee gives way needs RIGHT knee MRI

Report Status: Verified
Date Reported: MAR 18, 2004
Date Verified: MAR 23, 2004

Verifier E-Sig:/ES/ASIF ANWAR

Report:
SEQUENCES OBTAINED: Sagittal and coronal T1-weighted fast spin-echo, sagittal T2-weighted fast spin-echo with fat suppression, axial T2*.

Images of the right knee were obtained as described above, using a 1.5 Tesla superconducting magnet. No previous MRs are available for comparison.

The signal from marrow shows no evidence for edema or infiltrative processes. No acute fractures or subluxations are identified. Moderate osteoarthritis is seen with periarticular marginal osteophyte formation as well as subcortical degenerative cysts. A small joint effusion is noted.

The anterior and posterior horns of the lateral meniscus are completely nonvisualized and replaced by intermediate signal soft tissue. A similar finding is seen in the region of the posterior horn of the medial meniscus however the anterior horn is visualized. Although it is morphologically intact, it does demonstrate abnormal signal consistent with degeneration.

The anterior cruciate ligament is completely replaced by linear soft tissue thickening with abnormal signal and there is significant thickening of the posterior cruciate ligament with abnormal signal consistent with degeneration. The patellar and quadriceps tendons appear intact. The medial collateral ligament and lateral iliotibial band are both free of tears however the deep portions demonstrate significant thickening with abnormal signal consistent with advanced degeneration and chronic tearing.

The patellofemoral compartment appears intact and the popliteal fossa appears normal.

Impression:
1. Advanced meniscal and ligamentous disease with osteoarthritis and a joint effusion. No acute fractures or subluxations are identified however a loose body is seen posteriorly (which was not mentioned in the body of the report).

tr:PSI/llm

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
Asif Anwar, Radiologist (Consultant) (Verifier)
/LLM

KNEE 3 VIEWS

Exm Date: DEC 22, 2003@09:47
Req Phys: HOOVER,DOROTHEA

Pat Loc: ZZSACMEDPCHOOVERNEW (Req'g Loc
Img Loc: SACRAMENTO RADIOLOGY
Service: Unknown

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

KRUSKAMP, STEVE
MAIL USPS ONLY
5112 KENNETH AVE
CARMICHAEL, CALIFORNIA 95608
566020729

(Case 109 COMPLETE) KNEE 3 VIEWS (RAD Detailed) CPT:73562

Clinical History:
right knee pain

Report Status: Verified Date Reported: DEC 22, 2003
Date Verified: DEC 24, 2003

Verifier E-Sig:/ES/DORIAN HAYES

Report:
RIGHT KNEE:

Three views, including AP and lateral as well as a sunrise view, are submitted for evaluation and compared with study from 12-03-03.

There is mild degenerative disease with both medial and lateral joint space narrowing. There may be some calcification in the medial meniscus. There are three bony densities, one anteriorly abutting the tibial plateau, and two in the region of the fabella, one which is probably the fabella and a second that may actually represent a loose joint body, although there is no joint effusion. Minimal spurring is identified at the posterior patella.

Impression:
1. Mild DJD with possible medial mensicus calcification.

2. Questionable joint bodies but there is no joint effusion. These could lie outside of the joint space. No fracture or dislocation.

tr:PSI/llm

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
DORIAN HAYES, M.D., Staff Radiologist (Verifier)
/LLM

KNEE 4 OR MORE VIEWS

Exm Date: DEC 03, 2003@08:44

Radiology Reports

Printed On Nov 17, 2009

Req Phys: SIDWELL,LINDA J

Pat Loc: ZZZNSAC ANC C&P(SIDWELL) (Req'
Img Loc: MCCLELLAN RADIOLOGY
Service: Unknown

(Case 1282 COMPLETE) KNEE 4 OR MORE VIEWS (RAD Detailed) CPT:73564
Proc Modifiers : BILATERAL EXAM

Clinical History:
C&P exam. H/O internal derangement right knee. Please compare to left. Please do standing APs of both knees as well.

Report Status: Verified

Date Reported: DEC 03, 2003
Date Verified: DEC 03, 2003

Verifier E-Sig:/ES/BASEM HUSSEIN

Report:
BILATERAL KNEES:

AP, lateral, intercondylar notch and patellar sunrise views are available.

There is severe narrowing of the lateral joint compartment on the right. There is sclerosis within the lateral femoral condyle on the right. There is mild-to-moderate narrowing of the medial joint compartment on the right. There appears to be chondrocalcinosis involving the medial joint compartment on the right. There are ossific densities along the posterior aspect of the right knee joint, probably representing intraarticular loose bodies. This may relate to prior fracture. Some productive or old avulsion is seen along the superior margin of the tibia anteriorly. There is a mild-to-moderate joint effusion on the right. There is mild-to-moderate narrowing of the patellofemoral compartment on the right. The findings are no definitive for recent fracture, however.

There is moderate narrowing of the medial joint compartment on the left. There is mild narrowing of the lateral joint compartment on the left. There is mild narrowing of the patellofemoral compartment on the left. There is minimal joint fluid on the left.

Very small ossific densities along the posterior aspect of the left knee joint may also represent very small intraarticular loose bodies.

Impression:

1. There is severe narrowing of the lateral joint compartment on the right. There is mild-to-moderate narrowing of the medial joint compartment on the right. There appears to be chondrocalcinosis involving the medial joint compartment on the right. There are probable intraarticular loose bodies within the right knee joint posteriorly. These probably relate to previous fracture. There is a mild-to-moderate joint effusion on the right. The findings are not definitive for recent fracture.

2. Mild-to-moderate degenerative changes on the left. Minimal joint effusion on the left. Small ossific densities posteriorly on the left may also represent very small intraarticular loose bodies.

3. Other comments as above.

tr:lap/PSI

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
BASEM HUSSEIN, RADIOLOGIST (Verifier)
/LP

CT PELVIS W&W/O CONT

Proc Ord: CT SCAN ABD, PELVIS WITH & W/O
Exm Date: OCT 22, 2003@12:29
Req Phys: KAHN,DEBRA
Pat Loc: SAC MED EMERGENCY (Req'g Loc)
Img Loc: SACRAMENTO CT
Service: Unknown

(Case 1536 COMPLETE) CT ABDOMEN W&W/O CONT (CT Detailed) CPT:74170

(Case 1542 COMPLETE) CT PELVIS W&W/O CONT (CT Detailed) CPT:72194

Clinical History:
10/17/2003 CREATININE 0.70 r/o intrabdominal a bcess v apppendicitis

Report Status: Verified Date Reported: OCT 23, 2003

Date Verified: OCT 27, 2003

Verifier E-Sig:/ES/CHANG NAM CHUN

Report:

CT OF THE ABDOMEN AND PELVIS WITH ORAL CONTRAST AND WITH AND WITHOUT IV CONTRAST:

The pertinent findings are related to some fluid accumulations in the prostate, especially on the left and left obturator internus muscle with some thickening . Also this process extends into the adjacent rectum on the left and left obturator internus muscle. These findings are consistent with abscess in the pelvis. Otherwise the liver, spleen, kidneys, pancreas, adrenal glands and the gallbladder are unremarkable. The lung bases are unremarkable. The remaining abdomen and pelvis study shows no evidence of ascites or lymph node enlargement.

Impression:

1. The abscess in the prostate with extension of this process in the rectum and obturator internus muscle on the left as described. The underlying neoplastic process in this area cannot be excluded due to the above mentioned reason.

tr:PSI/llm

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
CHANG NAM CHUN, RADIOLOGIST (Verifier)
/LLM

CT ABDOMEN W&W/O CONT

Proc Ord: CT SCAN ABD, PELVIS WITH & W/O
Exm Date: OCT 22, 2003@12:29
Req Phys: KAHN,DEBRA

Pat Loc: SAC MED EMERGENCY (Req'g Loc)
Img Loc: SACRAMENTO CT
Service: Unknown

(Case 1536 COMPLETE) CT ABDOMEN W&W/O CONT (CT Detailed) CPT:74170

(Case 1542 COMPLETE) CT PELVIS W&W/O CONT (CT Detailed) CPT:72194

Clinical History:
10/17/2003 CREATININE 0.70 r/o intrabdominal a bcess v apppendicitis

Report Status: Verified

Date Reported: OCT 23, 2003
Date Verified: OCT 27, 2003

Verifier E-Sig:/ES/CHANG NAM CHUN

Report:
CT OF THE ABDOMEN AND PELVIS WITH ORAL CONTRAST AND WITH AND WITHOUT IV CONTRAST:

The pertinent findings are related to some fluid accumulations in the prostate, especially on the left and left obturator internus muscle with some thickening . Also this process extends into the adjacent rectum on the left and left obturator internus muscle. These findings are consistent with abscess in the pelvis. Otherwise the liver, spleen, kidneys, pancreas, adrenal glands and the gallbladder are unremarkable. The lung bases are unremarkable. The remaining abdomen and pelvis study shows no evidence of ascites or lymph node enlargement.

Impression:
1. The abscess in the prostate with extension of this process in the rectum and obturator internus muscle on the left as described. The underlying neoplastic process in this area cannot be excluded due to the above mentioned reason.

tr:PSI/llm

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
CHANG NAM CHUN, RADIOLOGIST (Verifier)
/LLM

Lab Results

Printed On Nov 17, 2009

---- CBC ----

BLOOD	05/12 2009 12:50	03/18 2009 11:13	10/27 2008 13:50	11/02 2007 15:58	07/12 2006 13:39	Units	Reference Ranges
WBC	6.7	6.0	9.2	6.8	6.5	K/cmm	4.8 - 10.8
RBC	4.72	4.64 L	4.81	4.61 L	4.62 L	M/cmm	4.7 - 6.1
HGB	15.1	14.8	15.4	15.2	14.8	g/dL	14 - 18
HCT	44.1	42.8	44.1	43.8	43.3	%	42 - 52
MCV	93.5	92.2	91.8	95.0	93.7	fL	80 - 99
MCH	31.9	32.0	32.0	33.0	32.0	uug	27 - 34
MCHC	34.2	34.7	34.9	34.7	34.1	gm/dL	32 - 35.2
RDW	12.1	12.3	12.0	12.1	12.1	%	11.5 - 14.5
PLT	194	198	195	218	250	K/cmm	130 - 400
MPV	7.5	6.7 L	7.5	6.9 L	7.2	fL	7 - 10.4
NEUT %	72.5	54.9	56.1	48.8	48.4	%	40 - 80
LYMPH %	20.9	33.2	32.4	35.6	39.5	%	20 - 51
MONO %	4.9	8.1	9.7	9.2	6.3	%	2 - 13
EOS %	1.4	3.3	1.1	5.9	4.8	%	.5 - 7
BASO %	0.3	0.5	0.7	0.5	1.0	%	0 - 2
NEUT #	4.9	3.3	5.2	3.3	3.2	K/cmm	1.5 - 7.9
LYMPH #	1.4	2.0	3.0	2.4	2.6	K/cmm	1.2 - 3.4
MONO #	0.3	0.5	0.9	0.6	0.4	K/cmm	.2 - 1.2
EOS #	0.1	0.2	0.1	0.4	0.3	K/cmm	.1 - .5
BASO #	0.0	0.0	0.1	0.0	0.1	K/cmm	0 - .2
ESRmVES						mm/hr	0 - 10
ESRxCYT						mm/hr	2 - 10
RETIC %						%	.66 - 2.85
RETIC #						k/uL	27.9 - 121.6

Comments: a b c d e

a. 5-part diff screening criteria normal. Does not require manual diff.
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
d. 5-part diff screening criteria normal. Does not require manual diff.
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
e. 5-part diff screening criteria normal. Does not require manual diff.
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.

BLOOD	07/22 2005 21:00	12/01 2004 09:15	06/10 2004 08:33	01/23 2004 09:32	12/22 2003 10:25	Units	Reference Ranges
WBC	7.8	6.8	6.9	6.1	5.6	K/cmm	4.8 - 10.8
RBC	4.22 L	4.57 L	4.62 L	4.89	4.86	M/cmm	4.7 - 6.1
HGB	13.1 L	15.1	14.8	15.1	14.8	g/dL	14 - 18
HCT	39.7 L	43.1	42.9	43.4	43.4	%	42 - 52

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

KRUSKAMP, STEVE
MAIL USPS ONLY
5112 KENNETH AVE
CARMICHAEL, CALIFORNIA 95608
566020729

VISTA Electronic Medical Documentation

Printed at SACRAMENTO VAMC

MCV	94.0	94.3	92.8	88.7	89.2	fL	80 - 99
MCH	31.1	33.1	32.0	31.0	30.4	uug	27 - 34
MCHC	33.1	35.0	34.4	34.9	34.0	gm/dL	32 - 35.2
RDW	12.1	12.0	12.4	14.1	14.9 H	%	11.5 - 14.5
PLT	178	226	206	177	225	K/cmm	130 - 400
MPV	7.1	6.6 L	6.7 L	7.2	6.6 L	fL	7 - 10.4
NEUT %	45.0	43.8	42.8	59.3	52.5	%	40 - 80
LYMPH %	39.0	39.2	42.3	28.8	36.3	%	20 - 51
MONO %	11.0	9.8	8.9	7.2	8.3	%	2 - 13
EOS %	4.5	6.7	5.5	4.3	2.4	%	.5 - 7
BASO %	0.5	0.5	0.5	0.4	0.5	%	0 - 2
NEUT #	3.5	3.0	2.9	3.6	2.9	K/cmm	1.5 - 7.9
LYMPH #	3.0	2.7	2.9	1.8	2.0	K/cmm	1.2 - 3.4
MONO #	0.9	0.7	0.6	0.4	0.5	K/cmm	.2 - 1.2
EOS #	0.3	0.5	0.4	0.3	0.1	K/cmm	.1 - .5
BASO #	0.0	0.0	0.0	0.0	0.0	K/cmm	0 - .2
ESRmVES						mm/hr	0 - 10
ESRxCYT						mm/hr	2 - 10
RETIC %						%	.66 - 2.85
RETIC #						k/uL	27.9 - 121.6

Comments: a b c d e

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
5-part diff screening criteria normal. Does not require manual diff.
*** For test MCHC Normals: 33-37 ***

b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test MCHC Normals: 33-37 ***

c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test MCHC Normals: 33-37 ***

d. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test MCHC Normals: 33-37 ***

e. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test MCHC Normals: 33-37 ***

BLOOD	11/03 2003 08:53	10/24 2003 06:00	10/22 2003 10:23	10/17 2003 19:11	Units	Reference Ranges
WBC	5.6	canc	10.3	8.4	K/cmm	4.8 - 10.8
RBC	4.43 L	canc	4.62 L	5.02	M/cmm	4.7 - 6.1
HGB	13.0 L	canc	13.5 L	14.7	g/dL	14 - 18
HCT	39.4 L	canc	40.5 L	44.2	%	42 - 52
MCV	88.9	canc	87.4	87.9	fL	80 - 99
MCH	29.4	canc	29.1	29.4	uug	27 - 34
MCHC	33.1	canc	33.3	33.4	gm/dL	32 - 35.2
RDW	13.5	canc	12.4	12.3	%	11.5 - 14.5
PLT	428 H	canc	353	334	K/cmm	130 - 400
MPV	6.8 L	canc	6.9 L	7.0	fL	7 - 10.4
NEUT %	47.4	canc	72.4	65.6	%	40 - 80

LYMPH %	37.3	canc	18.3 L	23.2	%	20 - 51
MONO %	8.4	canc	7.7	9.1	%	2 - 13
EOS %	5.7	canc	0.6	1.7	%	.5 - 7
BASO %	1.2	canc	1.0	0.4	%	0 - 2
NEUT #	2.7	canc	7.5	5.5	K/cmm	1.5 - 7.9
LYMPH #	2.1	canc	1.9	2.0	K/cmm	1.2 - 3.4
MONO #	0.5	canc	0.8	0.8	K/cmm	.2 - 1.2
EOS #	0.3	canc	0.1	0.1	K/cmm	.1 - .5
BASO #	0.1	canc	0.1	0.0	K/cmm	0 - .2
ESRmVES					mm/hr	0 - 10
ESRxCYT					mm/hr	2 - 10
RETIC %					%	.66 - 2.85
RETIC #					k/uL	27.9 - 121.6

Comments: a b c d

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test MCHC Normals: 33-37 ***

b. *CBC Not Performed: 10/24/2003 7:21 am by 12058
*NP Reason:PT REFUSED
*** For test MCHC Normals: 33-37 ***

c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test MCHC Normals: 33-37 ***

d. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test MCHC Normals: 33-37 ***

---- COAGULATION ----

PLASMA	05/12 2009 10:55	03/18 2009 11:13	07/22 2005 21:00	01/23 2004 09:32	Units	Reference Ranges
PT	11.0		10.7	10.2	Seconds	9 - 12.2
PT/Coum					Seconds	
INR						2 - 3
PTT	26.6	27.9	28.4	28.2	Seconds	22.8 - 37.6
PTT/Hep					Seconds	53 - 75
FIBRNGN					mg/dL	220 - 496
D-DIMER					ng/mL FEU	6 - 450
PT QN						
PT 1:1						
PT 1Hr						
aPTT QN					sec	23.4 - 36.4
aPTT4:1						
aPTT1hr						
aPTT1:1					sec	23.4 - 36.4
aPTTsal					sec	0 - 37
aPTT 1H					sec	23.4 - 36.4
PTTcntl					sec	23.4 - 36.4

Comments: a b c d

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test PT Normals: 10.5-14.1 ***
Evaluation for PT:
** 7/16/09 Reference Range & Methodology Change **
Previous range was 10.5-14.1 sec **
*** For test PTT Normals: 21.5-32.5 ***
Evaluation for PTT:
** 7/16/09 Reference Range & Methodology Change **
Previous range was 24.0-35.1 sec.

b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test PTT Normals: 21.5-32.5 ***

c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test PT Normals: 10.4-12.8 ***
*** For test PTT Normals: 27.1-42.3 ***

d. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test PT Normals: 9.9-12.9 ***
*** For test PTT Normals: 27.1-42.3 ***

---- CHEM PROFILE ----

PLASMA	08/25 2009 08:15	05/12 2009 10:55	03/18 2009 11:13	10/27 2008 13:20	11/02 2007 15:58	Units	Reference Ranges
GLUCOSE	189 H	312 H	289 H	267 H	168 H	mg/dL	74 - 118
GLUfast						mg/dL	Ref: <=99
NA	135 L	136	135 L	134 L	136	mmol/L	136 - 144
K	3.6	4.5	4.4	4.1	4.7	mmol/L	3.4 - 4.8
CL	101	100	101	100	101	mmol/L	98 - 106
CO2	26	27	24	26.0	28	mmol/L	23 - 33
BUN	18	15	20	15	26	mg/dL	8 - 26
CREAT	0.74	0.6	0.8	0.7	1.1	mg/dL	.5 - 1.1
eGFR	>60	>60	>60	>60		mL/min	Ref: >=60
CALCIUM	8.8	9.6	9.5	9.6	9.7	mg/dL	8.7 - 10.2
CA CORR						mg/dL	8.7 - 10.2
PO4						mg/dL	2.4 - 4.5
MG				2.1		mg/dL	1.8 - 2.5
ALK PHO				63	72	IntUnits/L	37 - 107
T. BIL				1.2	0.8	mg/dL	.3 - 1.2
D. BILI						mg/dL	.1 - .4
AST				23	37	IntUnits/L	8 - 42
ALT				39	49	IntUnits/L	5 - 55
ALBUMIN				4.7	4.7	g/dL	3.3 - 4.8
PROTEIN				8.1	7.8	g/dL	6.5 - 8.1
LDH						IntUnits/L	90 - 208
AMYLASE						Units/L	36 - 128

Lab Results

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LIPASE	Units/L	7 - 58
NH3	mcmol/L	15 - 56
URIC AC	mg/dL	4.8 - 8.7

Comments: a b c d e

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for CREAT:
Effective 7/2/08, new standardized method for creatinine in place.
Note reference range change. Previous range 0.5-1.2 mg/dL.
Evaluation for eGFR:
eGFR Units = mL/min/1.73 square meters

b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.

c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.

d. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for ALK PHO:
The normal range is for an adult population less than 50 years old. Alk Phos increases with age over 50 to about 60% higher values by ages greater than 75 years old.

e. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test CREAT Normals: 0.5-1.2 ***

PLASMA	07/12 2006 13:39	07/22 2005 21:00	12/02 2004 14:05	12/01 2004 09:15	06/10 2004 08:33	Units	Reference Ranges
GLUCOSE	171 H	93		133 H	142 H	mg/dL	74 - 118
GLUfast						mg/dL	Ref: <=99
NA	140	140		139	135 L	mmol/L	136 - 144
K	4.3	3.9		4.7	4.0	mmol/L	3.4 - 4.8
CL	104	110 H		106	102	mmol/L	98 - 106
CO2	28	24		29	28	mmol/L	23 - 33
BUN	24 H	21		16	24 H	mg/dL	8 - 26
CREAT	1.0	0.9		0.8	1.1	mg/dL	.5 - 1.1
eGFR						mL/min	Ref: >=60
CALCIUM	9.8	9.7		9.7	9.2	mg/dL	8.7 - 10.2
CA CORR						mg/dL	8.7 - 10.2
PO4						mg/dL	2.4 - 4.5
MG						mg/dL	1.8 - 2.5
ALK PHO	66		63	61	61	IntUnits/L	37 - 107
T. BIL	1.0		1.1	1.2	1.0	mg/dL	.3 - 1.2
D. BILI	<0.1 L		0.1			mg/dL	.1 - .4
AST	32		34	37	38	IntUnits/L	8 - 42
ALT	43		52	56 H	41	IntUnits/L	5 - 55
ALBUMIN	4.6		4.4	4.5	4.3	g/dL	3.3 - 4.8
PROTEIN	7.5		7.0	7.2	7.0	g/dL	6.5 - 8.1
LDH						IntUnits/L	90 - 208
AMYLASE						Units/L	36 - 128
LIPASE						Units/L	7 - 58
NH3						mcmol/L	15 - 56

URIC AC mg/dL 4.8 - 8.7
Comments: a b c d e
a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BUN Normals: 7-22 ***
*** For test CREAT Normals: 0.5-1.2 ***
*** For test NA Units: meq/L ***
*** For test K Units: meq/L ***
*** For test CL Units: meq/L ***
*** For test CO2 Units: meq/L ***
*** For test PROTEIN Normals: 6.4-8.3 ***
*** For test ALK PHO Units: Units/L ***
*** For test AST Units: Units/L ***
*** For test ALT Units: Units/L ***
b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BUN Normals: 7-22 ***
*** For test CREAT Normals: 0.5-1.2 ***
*** For test NA Units: meq/L ***
*** For test K Units: meq/L ***
*** For test CL Units: meq/L ***
*** For test CO2 Units: meq/L ***
c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test PROTEIN Normals: 6.4-8.3 ***
*** For test ALK PHO Units: Units/L ***
*** For test AST Units: Units/L ***
*** For test ALT Units: Units/L ***
d. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BUN Normals: 7-22 ***
*** For test CREAT Normals: .5-1.2 ***
*** For test NA Units: meq/L ***
*** For test K Units: meq/L ***
*** For test CL Units: meq/L ***
*** For test CO2 Units: meq/L ***
*** For test PROTEIN Normals: 6.4-8.3 ***
*** For test ALK PHO Units: Units/L ***
*** For test AST Units: Units/L ***
*** For test ALT Units: Units/L ***
e. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BUN Normals: 7-22 ***
*** For test CREAT Normals: .5-1.2 ***
*** For test NA Units: meq/L ***
*** For test K Units: meq/L ***
*** For test CL Units: meq/L ***
*** For test CO2 Units: meq/L ***
*** For test PROTEIN Normals: 6.4-8.3 ***
*** For test ALK PHO Units: Units/L ***
*** For test AST Units: Units/L ***
*** For test ALT Units: Units/L ***

Lab Results

Printed On Nov 17, 2009

PLASMA	01/23 2004 09:32	12/22 2003 10:25	11/03 2003 08:53	10/22 2003 10:23	10/17 2003 19:11	Units	Reference Ranges
GLUCOSE	134 H	153 H	259 H	164 H	169 H	mg/dL	74 - 118
GLUfast						mg/dL	Ref: <=99
NA	139	140	136	137	135 L	mmol/L	136 - 144
K	3.9	4.2	4.8	3.6	3.5	mmol/L	3.4 - 4.8
CL	106	105	103	103	100	mmol/L	98 - 106
CO2	26	30	29	24.3	26	mmol/L	23 - 33
BUN	27 H	18	21	10	11	mg/dL	8 - 26
CREAT	1.0	0.9	0.8	0.8	0.7	mg/dL	.5 - 1.1
eGFR						mL/min	Ref: >=60
CALCIUM	9.1	9.6	9.8	8.9	10.2	mg/dL	8.7 - 10.2
CA CORR						mg/dL	8.7 - 10.2
PO4						mg/dL	2.4 - 4.5
MG						mg/dL	1.8 - 2.5
ALK PHO		64	149 H			IntUnits/L	37 - 107
T. BIL		0.9	0.6			mg/dL	.3 - 1.2
D. BILI						mg/dL	.1 - .4
AST		28	40			IntUnits/L	8 - 42
ALT		37	47			IntUnits/L	5 - 55
ALBUMIN		4.2	3.7			g/dL	3.3 - 4.8
PROTEIN		7.3	7.1			g/dL	6.5 - 8.1
LDH						IntUnits/L	90 - 208
AMYLASE						Units/L	36 - 128
LIPASE						Units/L	7 - 58
NH3						mcmol/L	15 - 56
URIC AC						mg/dL	4.8 - 8.7

Comments: a b c d e

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BUN Normals: 7-22 ***
*** For test CREAT Normals: .5-1.2 ***
*** For test NA Units: meq/L ***
*** For test K Units: meq/L ***
*** For test CL Units: meq/L ***
*** For test CO2 Units: meq/L ***

b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BUN Normals: 7-22 ***
*** For test CREAT Normals: .5-1.2 ***
*** For test NA Units: meq/L ***
*** For test K Units: meq/L ***
*** For test CL Units: meq/L ***
*** For test CO2 Units: meq/L ***
*** For test PROTEIN Normals: 6.4-8.3 ***
*** For test ALK PHO Units: U/L ***
*** For test AST Units: U/L ***
*** For test ALT Units: U/L ***

c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BUN Normals: 7-22 ***
*** For test CREAT Normals: .5-1.2 ***
*** For test NA Units: meq/L ***
*** For test K Units: meq/L ***
*** For test CL Units: meq/L ***
*** For test CO2 Units: meq/L ***
*** For test PROTEIN Normals: 6.4-8.3 ***
*** For test ALK PHO Units: U/L ***
*** For test AST Units: U/L ***
*** For test ALT Units: U/L ***
d. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BUN Normals: 7-22 ***
*** For test CREAT Normals: .5-1.2 ***
*** For test NA Units: meq/L ***
*** For test K Units: meq/L ***
*** For test CL Units: meq/L ***
*** For test CO2 Units: meq/L ***
e. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BUN Normals: 7-22 ***
*** For test CREAT Normals: .5-1.2 ***
*** For test NA Units: meq/L ***
*** For test K Units: meq/L ***
*** For test CL Units: meq/L ***
*** For test CO2 Units: meq/L ***

---- LIPID PANEL ----

PLASMA	05/12 2009 10:55	11/14 2008 09:43	11/02 2007 16:00	04/20 2007 10:10	03/26 2007 10:08	Units	Reference Ranges
CHOL	199	248 H	241 H	190	184	mg/dL	Ref: <=200
TRIGLYC	118	173 H		77		mg/dL	Ref: <=150
HDL	50	52	62	58	53	mg/dL	Ref: >=40
LDL	126	161 H		117		mg/dL	Ref: <=160
LDL Dir			164.3 H		125.1	mg/dL	Ref: <=160
TRIG NF			164 H		94	mg/dL	Ref: <=150

Comments: a b c d e
a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for LDL-CHO:

RISK CATEGORY	LDL GOAL
CHD and CHD risk equivalents	<100 mg/dL
Multiple (2+) risk factors	<130 mg/dL
0-1 risk factor	<160 mg/dL

HDL Chol. greater than/equal to 60 mg/dL counts as "negative" risk

factor; its presence removes 1 risk factor from the total count.

Ref: Adult Treatment Panel III (ATP III) JAMA 5/16/01 Vol. 285 #19.

b. Generated by ACA AutoOrder System
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.

c. Generated by ACA AutoOrder System
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for LDL Dir:

RISK CATEGORY	LDL GOAL
CHD and CHD risk equivalents	<100 mg/dL
Multiple (2+) risk factors	<130 mg/dL
0-1 risk factor	<160 mg/dL

HDL Chol. greater than/equal to 60 mg/dL counts as "negative" risk factor; its presence removes 1 risk factor from the total count.

Ref: Adult Treatment Panel III (ATP III) JAMA 5/16/01 Vol. 285 #19.
Evaluation for Trig NF:
Range reflects Fasting Triglyceride. Non-Fasting Triglycerides typically vary by 20-30%. Fasting specimens are preferred.

d. Generated by ACA AutoOrder System
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.

e. Generated by ACA AutoOrder System
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test CHOL Normals: <-200 ***
*** For test LDL Dir Normals: <-160 ***
*** For test TRIG NF Normals: <-150 ***

PLASMA	12/01 2004 09:15	06/10 2004 08:32	Units	Reference Ranges
CHOL	183	203 H	mg/dL	Ref: <=200
TRIGLYC	44	115	mg/dL	Ref: <=150
HDL	55	48	mg/dL	Ref: >=40
LDL	119	133	mg/dL	Ref: <=160
LDL Dir			mg/dL	Ref: <=160
TRIG NF			mg/dL	Ref: <=150

Comments: a b

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test CHOL Normals: <-200 ***
*** For test TRIGLYC Normals: <-150 ***
*** For test LDL Normals: <-160 ***

b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test CHOL Normals: <-200 ***
*** For test TRIGLYC Normals: <-150 ***
*** For test LDL Normals: <-160 ***

---- CARDIAC ENZYMES ----

PLASMA	07/12 2006 13:39	12/01 2004 09:15	Units	Reference Ranges
CK	255	298	IntUnits/L	36 - 340
TRPONIN			ng/ml	0 - .07
CK-MB			ng/ml	.6 - 3.5
MYOGLOB			ng/ml	20 - 82

Comments: a b

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.

---- ANEMIA ----

SERUM	07/12 2006 13:39	12/22 2003 10:25	12/22 2003 10:25	11/03 2003 08:53	11/03 2003 08:53	Units	Reference Ranges
B12	1076 H			626		pg/ml	211 - 911
FOLATE						ng/mL	5.22 - 30
FERRITN		289		622 H		ng/ml	22 - 415
FE			128		90	mcg/dL	40 - 190
TIBC			385		357	mcg/dL	260 - 420
FE SAT			33		25	%	11 - 46
TRANSFE						mg/dL	200 - 370
HAPTO						mg/dL	34 - 200

Comments: a b c d e

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for FERRITN:
Male: 18-45 years 22-340 ng/ml, >45 years 22-415 ng/ml
Female: 18-45 years 6-115 ng/ml, >45 years 15-200 ng/ml
c. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
*** For test FE Units: ug/dl ***
*** For test TIBC Units: ug/dl ***
Evaluation for TibcCal:
2/7/03 New Methodology. TIBC calculated from transferrin.
d. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
e. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
*** For test FE Units: ug/dl ***
*** For test TIBC Units: ug/dl ***

---- IMMUNOLOGY ID ----

SERUM	11/03 2003 08:53	Units	Reference Ranges
CMV IgG			Ref: NEGATIVE
CMV IgM			Ref: NEGATIVE
Ebv VC			0 - <1:80 (NEGATIVE)
Ebv ea			0 - <1:20 (NEGATIVE)
Ebv Na			0 - <1:5 (NEGATIVE)
Hpylori		Units/mL	0 - .8
HSV I			Ref: NEGATIVE
HSV II			Ref: NEGATIVE
LEGIONE			0 - <1:64 (NEGATIVE)
LYM EIA			Ref: NEGATIVE
LYM IFA			0 - <1:128 (NEGATIVE)
MumpIgG			Ref: NEGATIVE
RPR	Nonreactive		Ref: NONREACT
RPRtitr	Titer		Ref: NONREACT
TP-PA			Ref: NONREACT
ASO		IntUnit/mL	0 - 200
RUB,IGG			Ref: NEGATIVE
RUBEOLA			Ref: NEGATIVE
VZ IGG			Ref: NEGATIVE

Comments: a

a. RAPID PLASMA REAGIN (RPR) Reflex MHA-TP
RPR REFERENCE RANGE= NONREACTIVE
RPR TITER TEST NOT INDICATED
REFLEX MHA-TP TEST NOT INDICATED
Performed at LabCorp, 5601 OBERLIN DR SAN DIEGO,CA 921210000
*** For test RPR Normals: NR- ***

---- ENDOCRINE ----

SERUM	11/02 2007 15:58	07/12 2006 13:39	11/03 2003 08:53	Units	Reference Ranges
TSH	0.76	1.39	1.54	uIUnits/mL	.34 - 5.6
T4 FREE				ng/dl	.58 - 1.64
T3 TOT				ng/dL	85 - 205
T3 TOT					
T3 REV				pg/mL	90 - 350
T3 FREE				pg/mL	2.3 - 4.2
T3 FREE					
THYROGL				ng/mL	.5 - 55
aTHYGLB				IntUnit/mL	0 - 40

TPO Ab		IntUnit/mL	0 - 34
TBG		mcg/mL	13 - 39
TSI		%	0 - 139
TshRcAB			
CORT AM		mcg/dL	8.7 - 22.4
CORT PM		mcg/dL	0 - 10
CORTbas		mcg/dL	
CORT 30		mcg/dL	20 - 125
CORT 60		mcg/dL	20 - 125

Comments: a b c

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test TSH Units: uIU/mL ***

---- HGBA1c ----

BLOOD	HGBA1c	
Ref range low	4.1	
Ref range high	6.2	
	%	
a	08/11/2009 12:33	7.7 H
b	05/12/2009 10:55	10.4 H
c	11/14/2008 09:43	9.2 H
d	11/02/2007 15:58	7.4 H
e	04/20/2007 10:10	7.0 H
f	07/12/2006 13:39	6.5 H
g	12/01/2004 09:15	6.2
h	06/10/2004 08:33	6.1
i	12/22/2003 10:25	7.2 H
j	11/03/2003 08:53	11.0 H

a. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
b. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
c. Generated by ACA AutoOrder System
TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
d. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
e. Generated by ACA AutoOrder System
TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
f. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
g. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
h. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
i. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
j. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.

---- GLUCOSE FINGER-STICK ----

Lab Results

Printed On Nov 17, 2009

BLOOD	GLU STK MG/DL
a 08/26/2009 11:25	209
b 08/26/2009 05:34	203
c 08/25/2009 20:27	198
d 08/25/2009 17:02	192
e 08/25/2009 14:11	190
f 08/25/2009 07:45	171
g 05/19/2009 14:17	196
h 05/19/2009 13:15	206
i 05/19/2009 11:36	264
j 05/12/2009 11:46	291
k 10/27/2008 12:32	254
l 09/10/2005 19:34	127
m 07/22/2005 20:19	99
n 01/30/2004 16:57	155
o 01/30/2004 11:54	85
p 01/30/2004 05:43	158
q 01/29/2004 21:37	153
r 01/29/2004 17:10	144
s 01/29/2004 09:39	131
t 10/24/2003 05:35	141
u 10/23/2003 20:58	233
v 10/23/2003 16:36	254
w 10/23/2003 12:47	256
x 10/23/2003 05:57	198
y 10/22/2003 21:07	194
z 10/22/2003 17:04	173
a1 10/22/2003 08:43	189
b1 10/17/2003 21:31	193
c1 10/17/2003 14:09	175

a. Results from meter UJ65005857
   Tested by Cross Janice
   Evaluation for GLU STK:
   Reference Range: 74-118 mg/dL
b. Results from meter UJ65005857
   Tested by Gali Danilo
c. Results from meter UJ65005857
   Tested by Reyes Gemma
d. Results from meter UJ65005857
   Tested by Astronomo Maria
e. Results from meter UJ32020192
   Tested by Kraft Regina
f. Results from meter UJ50007980
   Tested by Patterson Constance
g. Results from meter UJ32012975

Tested by Tyler Michelle
h. Results from meter UJ32012975
Tested by Tyler Michelle
i. NP/MD NOTIFIED
TEST PERFORMED BY HOLLY BAKER ON METER UJ45002347
j. TEST PERFORMED BY RACQUEL PARLAN ON METER UJ45002347
k. TEST PERFORMED BY NURSING PERSONNEL ON METER UJ82005350
l. Results from meter UJ32012974
Tested by Nursing Personnel
m. Results from meter UJ32012974
Tested by Villarin Angelita
n. Results from meter UJ32012867
Tested by Emerick Phuong
o. Results from meter UJ32012943
Tested by Howard Milton
Meter comment: Hypoglycemia Protcol
Meter comment: HyperglycemiaProtocl
p. Results from meter UJ32012943
Tested by Walker Myra
q. Results from meter UJ32012943
Tested by Suba Leticia
r. Results from meter UJ32020192
Tested by Meyer Lorrie
s. Results from meter UJ32020784
Tested by Rice Larry
t. Results from meter UJ32012867
Tested by Walker Myra
u. Results from meter UJ32012943
Tested by Emerick Phuong
v. Results from meter UJ32012943
Tested by Martell Reece
w. Results from meter UJ32020192
Tested by Chan Herman
x. Results from meter UJ32012943
Tested by Walker Myra
y. Results from meter UJ32012943
Tested by Emerick Phuong
z. Results from meter UJ32012867
Tested by Fafard Janet
a1. Results from meter UJ32012974
Tested by Coulter Melissa
Meter comment: NP/MD Notified
b1. Results from meter UJ32012974
Tested by Edwards-Blueford Margaret
c1. Results from meter UJ32012974
Tested by Casey Lisa
Meter comment: HyperglycemiaProtocl

---- MICROALBUMIN URINE ----

URINE	03/18 2009 11:13	03/18 2009 11:13	07/12 2006 13:39	12/02 2004 14:05	12/01 2004 09:15	Units	Reference Ranges
ALB	3.48		3.69	1.33	0.41	mg/dl	
CRE	74.5	73.4	165.9	103.4	19.3	mg/dl	27 - 300
ALB/CRE				0.013	0.021	mg/mg Cr.	0 - .029
mALB/CR	46.7 H		22.2			mg/g Creat	0 - 29

Comments: a b c d e

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for Alb/Cr:
Normal Albuminuria is less than 30 mg/g creatinine.
Microalbuinuria is 30-300 mg/g creatinine.
Macroalbuminuria is greater than 300 mg/g creatinine.

b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.

c. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
*** For test CRE Normals: - ***

d. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
Evaluation for Alb/Cre:
Normal Albuminuria is less than 0.030 mg/mg creatinine.
Microalbuminuria is 0.030 - 0.300 mg/mg creatinine.
Macroalbuminuria is greater than 0.300 mg/mg creatinine.
*** For test CRE Normals: - ***

e. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
*** For test CRE Normals: - ***

URINE	01/23 2004 09:17	11/03 2003 08:53	Units	Reference Ranges
ALB	0.43	0.37	mg/dl	
CRE	17.9	19.3	mg/dl	27 - 300
ALB/CRE	0.024	0.019	mg/mg Cr.	0 - .029
mALB/CR			mg/g Creat	0 - 29

Comments: a b

a. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
*** For test CRE Normals: - ***

b. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
*** For test CRE Normals: - ***

---- TUMOR MARKERS ----

SERUM	11/21 2008	11/02 2007	07/12 2006	12/01 2004	11/03 2003	Reference

	10:12	15:58	13:39	09:15	08:53	Units	Ranges
AFP TM						ng/mL	0 - 8
CEA						ng/mL	0 - 3
PSA	0.16	0.19	0.19	0.16	0.48	ng/ml	0 - 4
CA 125						Units/mL	0 - 34
CA 15-3						Units/mL	0 - 25
CA 19-9						Units/mL	0 - 37

Comments: a b c d e

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
d. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
e. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.

---- HEPATITIS ----

SERUM	07/14 2006 11:22	12/02 2004 14:05	02/13 2004 14:38	Units	Reference Ranges
HAV IgM					Ref: NEG
HAV Tot					Ref: Negative
HBcAb					Ref: NEG
HBc IgM					Ref: NEG
HBsAb					Ref: NEG
HBsAg	NEG	NEG	NEG		Ref: NEG
HBeAb					Ref: NEG
HBeAg					Ref: NEG
HBV DNA				Copies/mL	
HCV Ab	NEG	NEG	NEG		Ref: NEG
HCVriba					Ref: NEGATIVE
HCV GEN					
HcPcrQN					
HCV IU				IntUn/mL	
HCV LIU					
HCV Cop				copies/mL	
HC LgCp					
HEV IGG					
HEV IGM					

Comments: a b c

a. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
Evaluation for HCV Ab:
PCR Reflex testing policy effective on orders placed after 6/30/03.
b. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
c. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
*** For test HBsAg Normals: Neg.- ***

*** For test HCV Ab Normals: Neg.- ***

---- DRUGS URINE ----

URINE	03/18 2009 11:13	03/18 2009 11:13	07/12 2006 13:39	07/12 2006 13:39	12/02 2004 14:05	Units	Reference Ranges
AMPHET	NEG		NEG		NEG		Ref: NEG (Cutoff=1
BARBS		NEG		NEG			Ref: NEG (Cutoff=20
BENZODI		NEG		NEG			Ref: NEG (Cutoff=2
CANNAB	POS H		POS H		NEG		Ref: NEG (Cutoff=5
COCAINE	NEG		NEG		NEG		Ref: NEG (Cutoff=30
METHADO		NEG		NEG			Ref: NEG (Cutoff=3
OPIATES	POS H		POS H		NEG		Ref: NEG (Cutoff=3
ETOH				NEG			Ref: NEG (Cutoff=25m
ETOH		NEG					Ref: NEG (Cutoff=1
PCP							Ref: NEG (Cutoff=2
PROPOXY							Ref: NEG (Cutoff=30
COTININ						mcg/mL	

Comments: a b c d e

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test AMPHET Normals: NEG (Cutoff=1000mA/min)- ***
Evaluation for AMPHETA:
Positive screening results are unconfirmed and should not be used for non-medical purposes.
Specimens for drugs of abuse are kept for 30 days if further testing/confirmation is required.
*** For test COCAINE Normals: NEG (Cutoff=300mA/min)- ***
Evaluation for COCAINE:
Positive screening results are unconfirmed and should not be used for non-medical purposes.
Specimens for drugs of abuse are kept for 30 days if further testing/confirmation is required.
*** For test CANNAB Normals: NEG (Cutoff=50mA/min)- ***
Evaluation for CANNABI:
Positive screening results are unconfirmed and should not be used for non-medical purposes.
Specimens for drugs of abuse are kept for 30 days if further testing/confirmation is required.
*** For test OPIATES Normals: NEG (Cutoff=300mA/min)- ***
Evaluation for OPIATES:
Positive screening results are unconfirmed and should not be used for non-medical purposes.
Specimens for drugs of abuse are kept for 30 days if further testing/confirmation is required.
b. TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.

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  *** For test BARBS Normals: NEG (Cutoff=200mA/min)- ***
  Evaluation for BARBS:
  Positive screening results are unconfirmed and should not be used for
    non-medical purposes.
  Specimens for drugs of abuse are kept for 30 days if further
    testing/confirmation is required.
  *** For test BENZODI Normals: NEG (Cutoff=200mA/min)- ***
  Evaluation for BENZODI:
  Positive screening results are unconfirmed and should not be used for
    non-medical purposes.
  Specimens for drugs of abuse are kept for 30 days if further
    testing/confirmation is required.
  *** For test METHADO Normals: NEG (Cutoff=300mA/min)- ***
  Evaluation for METHADO:
  Positive screening results are unconfirmed and should not be used for
    non-medical purposes.
  Specimens for drugs of abuse are kept for 30 days if further
    testing/confirmation is required.
  Evaluation for ETOH UR:
  Positive screening results are unconfirmed and should not be
  used for non-medical purposes.
c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
  *** For test AMPHET Normals: NEG-Cutoff=1000mA/min ***
  *** For test COCAINE Normals: NEG-Cutoff=300mA/min ***
  *** For test CANNAB Normals: NEG-Cutoff=50mA/min ***
  *** For test OPIATES Normals: NEG-Cutoff=300mA/min ***
d.  TEST PERFORMED BY VA MARTINEZ, 150 MUIR ROAD, MARTINEZ CA.
  *** For test BARBS Normals: NEG-Cutoff=200mA/min ***
  *** For test ETOH Normals: NEG-Cutoff=25mg/dL ***
  Evaluation for ETOH:
  Positive screening results are unconfirmed and should not be used for
  non-medical purposes.
  *** For test BENZODI Normals: NEG-Cutoff=200mA/min ***
  *** For test METHADO Normals: NEG-Cutoff=300mA/min ***
e. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
  *** For test AMPHET Normals: NEG- ***
  *** For test COCAINE Normals: NEG- ***
  *** For test CANNAB Normals: NEG- ***
  *** For test OPIATES Normals: NEG- ***

URINE     05/04     03/04     03/04     01/23     11/03          Reference
           2004      2004      2004      2004      2003
          15:15     10:37     10:37     09:17     08:53    Units    Ranges
-------------------------------------------------------------------------------
AMPHET     NEG       NEG               NEG       NEG            Ref: NEG (Cutoff=10(
BARBS                                                           Ref: NEG (Cutoff=20(
BENZODI                                                         Ref: NEG (Cutoff=20(
CANNAB     POS       POS               POS       POS            Ref: NEG (Cutoff=50r
```

COCAINE	NEG	NEG	NEG	NEG	Ref: NEG (Cutoff=3
METHADO					Ref: NEG (Cutoff=3
OPIATES	NEG	NEG	NEG	POS	Ref: NEG (Cutoff=3
ETOH		NEG			Ref: NEG (Cutoff=2
ETOH					Ref: NEG (Cutoff=10
PCP					Ref: NEG (Cutoff=2
PROPOXY					Ref: NEG (Cutoff=3
COTININ				mcg/mL	

Comments: a b c d e

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test AMPHET Normals: NEG- ***
*** For test COCAINE Normals: NEG- ***
*** For test CANNAB Normals: NEG- ***
*** For test OPIATES Normals: NEG- ***

b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test AMPHET Normals: NEG- ***
*** For test COCAINE Normals: NEG- ***
*** For test CANNAB Normals: NEG- ***
*** For test OPIATES Normals: NEG- ***

c. *** For test ETOH Normals: NEG- ***

d. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test AMPHET Normals: NEG- ***
*** For test COCAINE Normals: NEG- ***
*** For test CANNAB Normals: NEG- ***
*** For test OPIATES Normals: NEG- ***

e. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test AMPHET Normals: NEG- ***
*** For test COCAINE Normals: NEG- ***
*** For test CANNAB Normals: NEG- ***
*** For test OPIATES Normals: NEG- ***

URINE	10/22 2003 10:25	Units	Reference Ranges
AMPHET	NEG		Ref: NEG (Cutoff=1000ng/mL)
BARBS			Ref: NEG (Cutoff=200mg/mL)
BENZODI			Ref: NEG (Cutoff=200ng/mL)
CANNAB	POS		Ref: NEG (Cutoff=50ng/mL)
COCAINE	NEG		Ref: NEG (Cutoff=300ng/mL)
METHADO			Ref: NEG (Cutoff=300mg/mL)
OPIATES	NEG		Ref: NEG (Cutoff=300ng/mL)
ETOH			Ref: NEG (Cutoff=25mg/dL)
ETOH			Ref: NEG (Cutoff=10mg/dL)
PCP			Ref: NEG (Cutoff=25ng/mL)
PROPOXY			Ref: NEG (Cutoff=300ng/mL)
COTININ		mcg/mL	

Comments: a

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test AMPHET Normals: NEG- ***
*** For test COCAINE Normals: NEG- ***
*** For test CANNAB Normals: NEG- ***
*** For test OPIATES Normals: NEG- ***

---- URINE DIPSTICK ----

URINE	05/12 2009 14:50	03/18 2009 11:13	07/12 2006 13:39	12/02 2004 14:05	12/01 2004 09:15	Units	Reference Ranges
PH	5.5	5.0	5.5	5.5	6.0		5 - 9
PROTEIN	NEG	NEG	NEG	NEG	NEG	mg/dL	NEG - TRACE
GLUCOSE	>=1000	>=1000	NEG	NEG	NEG	mg/dL	Ref: NEG
KETONES	TRACE	NEG	TRACE	NEG	NEG	mg/dL	Ref: NEG
BILI	NEG	NEG	NEG	NEG	NEG		Ref: NEG
BILIcnf							Ref: NEG
BLOOD	NEG	NEG	NEG	NEG	NEG		Ref: NEG
NITRITE	NEG	NEG	NEG	NEG	NEG		Ref: NEG
UROBILI	0.2	0.2	1.0	1.0	0.2	EU/dL	.1 - 1
LEU EST	NEG	NEG	NEG	NEG	NEG		Ref: NEG
SP.GRAV	>=1.030	>=1.030	1.027	1.010	1.001		1 - 1.03
COLOR	YELLOW	YELLOW	YELLOW	YELLOW	YELLOW		
APPEAR	CLEAR	CLEAR	CLEAR	CLEAR	CLEAR		
Comments:	a	b	c	d	e		

a. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Reagent strip does not indicate a microscopic exam.
b. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
c. TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Reagent strip does not indicate a microscopic exam.
d. Reagent strip does not indicate a microscopic exam.
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
e. Reagent strip does not indicate a microscopic exam.
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.

URINE	01/23 2004 09:17	11/03 2003 08:53	10/22 2003 10:25	10/17 2003 21:25	Units	Reference Ranges
PH	6.0	5.5	7.0	6.5		5 - 9
PROTEIN	NEG	NEG	NEG	NEG	mg/dL	NEG - TRACE
GLUCOSE	NEG	250	NEG	NEG	mg/dL	Ref: NEG
KETONES	NEG	NEG	NEG	40	mg/dL	Ref: NEG
BILI	NEG	NEG	NEG	NEG		Ref: NEG
BILIcnf						Ref: NEG
BLOOD	NEG	NEG	NEG	NEG		Ref: NEG

NITRITE	NEG	NEG	NEG	NEG		Ref: NEG
UROBILI	0.2	0.2	0.2	1.0	EU/dL	.1 - 1
LEU EST	NEG	NEG	NEG	NEG		Ref: NEG
SP.GRAV	1.006	1.009	1.006	1.014		1 - 1.03
COLOR	YELLOW	YELLOW	YELLOW	YELLOW		
APPEAR	CLEAR	CLEAR	CLEAR	CLEAR		

Comments: a b c d

a. Dipstick normal, microscopic not performed.
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BLOOD Normals: Neg.- ***
*** For test BILI Normals: Neg.- ***
*** For test KETONES Normals: Neg.- ***
*** For test GLUCOSE Normals: Neg.- ***
*** For test PROTEIN Normals: Neg-Trace ***
*** For test NITRITE Normals: Neg.- ***
*** For test LEU EST Normals: Neg.- ***

b. Reagent strip does not indicate a microscopic exam.
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BLOOD Normals: Neg.- ***
*** For test BILI Normals: Neg.- ***
*** For test KETONES Normals: Neg.- ***
*** For test GLUCOSE Normals: Neg.- ***
*** For test PROTEIN Normals: Neg-Trace ***
*** For test NITRITE Normals: Neg.- ***
*** For test LEU EST Normals: Neg.- ***

c. Reagent strip does not indicate a microscopic exam.
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BLOOD Normals: Neg.- ***
*** For test BILI Normals: Neg.- ***
*** For test KETONES Normals: Neg.- ***
*** For test GLUCOSE Normals: Neg.- ***
*** For test PROTEIN Normals: Neg-Trace ***
*** For test NITRITE Normals: Neg.- ***
*** For test LEU EST Normals: Neg.- ***

d. ACETEST MODERATE
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
*** For test BLOOD Normals: Neg.- ***
*** For test BILI Normals: Neg.- ***
*** For test KETONES Normals: Neg.- ***
*** For test GLUCOSE Normals: Neg.- ***
*** For test PROTEIN Normals: Neg-Trace ***
*** For test NITRITE Normals: Neg.- ***
*** For test LEU EST Normals: Neg.- ***

---- MISCELLANEOUS TESTS ----

DATE	TIME	SPECIMEN	TEST	VALUE	Ref ranges

```
--------------------------------------------------------------------------------
07/12/2006 13:39  SERUM              ETOH BL:     <5   mg/dL       < - 10
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for ETOH BL:
NORMAL: <5 = NONE DETECTED. LEGAL INTOXICATION: 80 mg/dl or 0.08%.
12/02/2004 14:05  SERUM              ETOH:        <5   mg/dL
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for ETOH:
NORMAL: <10 = NONE DETECTED. LEGAL INTOXICATION: 80 mg/dl or 0.08%
12/22/2003 10:25  SERUM              ETOH:        1.0   mg/dL
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for ETOH:
NORMAL: <10 = NONE DETECTED. LEGAL INTOXICATION: 80 mg/dl or 0.08%
11/03/2003 08:53  SERUM              ETOH:        0.7   mg/dL
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
Evaluation for ETOH:
NORMAL: <10 = NONE DETECTED. LEGAL INTOXICATION: 80 mg/dl or 0.08%
10/17/2003 19:11  SERUM              KETONES:     NEG              Ref: NEG
TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA.
================================================================================


                            ---- MICROBIOLOGY ----
Accession: BC 08 3724                  Received: Oct 27, 2008 14:07
Collection sample: AER/ANAER BLD CUL   Collection date: Oct 27, 2008 13:50
Site/Specimen: BLOOD
Provider: DAVIS,MARCIA J


    Test(s) ordered:  BLOOD CULTURE        completed: Nov 02, 2008 09:43

* BACTERIOLOGY FINAL REPORT => Nov 02, 2008   TECH CODE: 727
Bacteriology Remark(s):
  Prelim. Rpt: NO GROWTH TO DATE (bottles continuously monitored)
  Final Report:  NO GROWTH AFTER 5 DAYS
  Test performed at VA Sacramento, 10535 Hospital Way, Mather,Ca
                            ---- MICROBIOLOGY ----
Accession: MICRO 03 8055               Received: Oct 23, 2003 14:23
Collection sample: ABSCESS             Collection date: Oct 23, 2003 14:23
Site/Specimen: RECTAL LUMEN
Provider: BAKER,JON M


    Test(s) ordered:  ANAEROBIC CULTURE    completed: Oct 26, 2003

* BACTERIOLOGY FINAL REPORT => Oct 26, 2003   TECH CODE: 13499
Bacteriology Remark(s):
  1+ MIXED ANAEROBIC FLORA
```

TEST PERFORMED BY VAMC SACRAMENTO, 10535 HOSPITAL WAY, MATHER CA
---- MICROBIOLOGY ----
Accession: MICRO 03 8054 Received: Oct 23, 2003 14:22
Collection sample: SWAB Collection date: Oct 23, 2003 12:45
Site/Specimen: UNKNOWN
Provider: BAKER,JON M
Comment on specimen: RECTAL ABCESS LUMEN

Test(s) ordered: GRAM STAIN completed: Oct 24, 2003 11:22
CULTURE & SUSCEPTIBILITY completed: Oct 26, 2003

* BACTERIOLOGY FINAL REPORT => Oct 26, 2003 TECH CODE: 13499
GRAM STAIN:
FEW POLYMORPHONUCLEAR WBC
RARE MONONUCLEATED CELLS (UNIDENTIFIED WITH GRAM STAIN)
FEW GRAM POSITIVE COCCI
***GRAM STAIN
CULTURE RESULTS: 2+ STAPHYLOCOCCUS AUREUS

ANTIBIOTIC SUSCEPTIBILITY TEST RESULTS:

	STAPHYLOCOCCUS AUREUS :	
AMPICLN	R	
PENICLN	R	
OXACILLIN	S	
AMPICILLIN/SULS		
CLINDAM	S	
ERYTHROMYCIN	R	
TETRCLN	S	
CEFAZOLIN	S	
CIPROFLOXACIN	S	
GENTMCN	S	
TRMSULF	S	
VANCMCN	S	
RIFAMPIN	S	RIFAMPIN IS NOT TO BE USED ALONE

Bacteriology Remark(s):
Test performed at VA Sacramento, 10535 Hospital Way, Mather,Ca
---- MICROBIOLOGY ----
Accession: MICRO 03 8001 Received: Oct 22, 2003 10:23
Collection sample: URINE Collection date: Oct 22, 2003 10:23
Provider: KAHN,DEBRA

Test(s) ordered: CULTURE & SUSCEPTIBILITY completed: Oct 24, 2003

* BACTERIOLOGY FINAL REPORT => Oct 24, 2003 TECH CODE: 13499

Bacteriology Remark(s):
NO GROWTH AFTER 2 DAYS
Test performed at VA Sacramento, 10535 Hospital Way, Mather,Ca

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

KRUSKAMP, STEVE
MAIL USPS ONLY
5112 KENNETH AVE
CARMICHAEL, CALIFORNIA 95608
566020729

LOCAL TITLE: Discharge Summary-Short Stay (< 48Hour) 60547
ADMIN DATE: AUG 25, 2009 DISCH. DATE: AUG 26, 2009
STANDARD TITLE: DISCHARGE SUMMARY
DICT DATE: AUG 26, 2009@08:45 ENTRY DATE: AUG 26, 2009@08:45:56
DICTATED BY: LEE,ANDREW ATTENDING: ORISEK,BRIAN S
URGENCY: routine STATUS: COMPLETED

Primary Diagosis: acquired nasal deformity

Other Diagnoses Treated:

OPERATIONS AND PROCEDURES PERFORMED DURING THE CURRENT ADMISSION:

revision septorhinoplasty with costal cartilage

CHIEF COMPLAINT, BRIEF HPI AND CONDITION ON ADMISSION:
nasal deformity from prior trauma and nasal surgery

PERTINENT PHYSICAL FINDINGS:
platyrrhine nose. poor tip support and projection

HOSPITAL COURSE:
underwent revision SRP. no complications. observed overnight for pain control.

FINAL DISPOSITION: Patient discharged to home

CONDITION AT DISCHARGE: Stable

MEDICATIONS AT DISCHARGE:
Active Outpatient Medications (including Supplies):

* * WARNING * * Sorting by drug class may not be accurate!
Medications belonging to multiple drug classes will only be listed under a single drug class.

	Active Outpatient Medications (By Drug Class)	Status
1)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE (S)
2)	SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE

3)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
4)	LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS NEEDED - 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
5)	ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
6)	INSULIN,GLARGINE,HUMAN 100 UNIT/ML INJ INJECT 5 UNITS UNDER THE SKIN AT BEDTIME FOR DIABETES. DISCARD 28 DAYS AFTER OPENING. DO NOT MIX IN SAME SYRINGE WITH OTHER INSULINS. FOLLOW TITRATION SCALE AS DIRECTED	ACTIVE
7)	GLIPIZIDE 10MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO A MEAL	ACTIVE
8)	METFORMIN HCL 1000MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
9)	HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN INSTILL 3 DROPS IN RIGHT EAR TWICE A DAY -FOR INFECTION.	ACTIVE
10)	INSULIN SYRINGE 0.5ML 30G 0.5IN USE A SYRINGE AS DIRECTED - FOR INSULIN INJECTIONS.	ACTIVE

INSTRUCTIONS FOR FOLLOW-UP CARE:
Clinic Follow-up (clinics and dates):
ENT clinic in 5 days

Other Follow-up Instructions:

/es/ Anrew Lee MD
ENT Resident PGY-3

Signed: 08/26/2009 08:48

/es/ Brian S. Orisek MD
Staff Otolaryngolist
Cosigned: 08/27/2009 06:59

LOCAL TITLE: Discharge Summary-Short Stay (< 48Hour) 60547
ADMIN DATE: JAN 29, 2004 DISCH. DATE: JAN 30, 2004
STANDARD TITLE: DISCHARGE SUMMARY
DICT DATE: JAN 30, 2004@08:56 ENTRY DATE: JAN 30, 2004@08:56:52
DICTATED BY: ENEPEKIDES,DANNY J ATTENDING: ORISEK,BRIAN S
URGENCY: routine STATUS: COMPLETED

Primary Diagosis: Nasal obstruction, loss of tip support

Other Diagnoses Treated:

OPERATIONS AND PROCEDURES PERFORMED DURING THE CURRENT ADMISSION:

Open septorhinoplasty w/ auricular cartilage graft

CHIEF COMPLAINT, BRIEF HPI AND CONDITION ON ADMISSION:
Loss of tip support, nasal obstruction

PERTINENT PHYSICAL FINDINGS:
As above

HOSPITAL COURSE:
To OR on Jan 29 for open septorhioplasty w/ auricular cartilage graft, observed overnight with no major complications.

FINAL DISPOSITION: Patient discharged to home

CONDITION AT DISCHARGE: Stable

MEDICATIONS AT DISCHARGE:
Active Outpatient Medications (including Supplies):

* * WARNING * * Sorting by drug class may not be accurate!
Medications belonging to multiple drug classes will only be listed under a single drug class.

	Active Outpatient Medications (By Drug Class)	Status
1)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 OR 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN -	ACTIVE

DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.

==========

2) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. — ACTIVE

3) ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY — ACTIVE

==========

4) GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR 3 DAYS, THEN TAKE ONE CAPSULE THREE TIMES A DAY TO PREVENT PAIN — ACTIVE

==========

5) LISINOPRIL 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING HIGH BLOOD PRESSURE — ACTIVE

==========

6) ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR. — ACTIVE (S)

7) KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300. — ACTIVE (S)

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8) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS — ACTIVE

==========

9) VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD — ACTIVE

INSTRUCTIONS FOR FOLLOW-UP CARE:
Clinic Follow-up (clinics and dates): in ENT clinic in AM Tues Feb 3

Other Follow-up Instructions: Leave dressing on head until seen in clinic. Keep incision line at nose free of crust w/ peroxide.

/es/ DANNY J ENEPEKIDES
Staff Physician ENT
Signed: 01/30/2004 08:59

/es/ BRIAN S ORISEK
MD
Cosigned: 01/30/2004 11:32

LOCAL TITLE: Discharge Summary
ADMIN DATE: OCT 22, 2003 DISCH. DATE: OCT 24, 2003
STANDARD TITLE: DISCHARGE SUMMARY
DICT DATE: OCT 24, 2003@08:07 ENTRY DATE: OCT 24, 2003@08:08:18
DICTATED BY: HUMPHRIES,MISTY DAW ATTENDING: FOGELBERG,KAREN MD
URGENCY: routine STATUS: COMPLETED

Date of admission: 10/22/03
Date of Discharge: 10/24/03

Admission Diagnosis: Rectal Abcess
Discharge Diagnosis: Supralevator Abcess

Service: General Surgery
Consults: none

HPI on admission: HPI 47 y/o referred by Dr Baker of urology. Pt with 1 month pelvic/bottom pain on antibiotics for prostatitis. CT scan today demonstrated pelvic abscess (extraperitoneal) c/w rectal abscess (supralevator). +chills, no fevers.+DM; reports small scrotal abscess 2 weeks prior

Hospital Course: Pt was admitted to the general surgery service, and after careful review of his CT scan we felt that he had a supralevator abcess that would require operative drainage. He was taken to the operating room on 10/23 and the abcess was drained into the rectal cavity. Light packing was placed into the wound and the patient was transfered back to the floor.

POD one he was tolerating a diet, had pased a bowel movement, and was tolerating a regular diet. He was transitioned to PO pain meds and subsequesntly discharged.

Disposition: home
Discharge Condition: stable

Discharge Mediacations: Cipro 500 BID, Flagyl 500 BID, Vicodin, Colace
Follow-up appointments: Oct 31st with Dr. Fogelberg

/es/ MISTY DAWN HUMPHRIES

SURGICAL RESIDENT, PGY 1
Signed: 10/24/2003 08:15

/es/ KAREN FOGELBERG
Physician
Cosigned: 10/24/2003 08:20

LOCAL TITLE: Emergency Department Discharge Note
STANDARD TITLE: DISCHARGE NOTE
DATE OF NOTE: OCT 29, 2009@17:07 ENTRY DATE: OCT 29, 2009@17:07:19
AUTHOR: ROBERTS,GARY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

You have been evaluated in the Sacramento VA Medical Center Emergency Department.

You were treated today for: Rib pain

If your symptoms worsen or new symptoms develop, contact your physician or return to the Emergency Department immediately.

For your specific condition you should look for warning signs that include: Increasing pain and shortness of breath.

You have been given a prescription for:Vicodin.

Local VA pharmacies are open at Mather, McClellan and Auburn from 8-530, M-F. Closed on weekends and holidays. The Pharmacy telephone number is: 1-866-600-8279.
Most conditions should be re-evaluated by your primary care physician. Other conditions need to be seen by a specialist. Today, it is recommended that you: Follow up with Primary Care Provider.

/es/ Gary Roberts MD
Staff Physician
Signed: 10/29/2009 17:08

LOCAL TITLE: Emergency Dept Clinician Note
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: OCT 29, 2009@17:01 ENTRY DATE: OCT 29, 2009@17:01:06
AUTHOR: ROBERTS,GARY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT / REASON FOR VISIT:

Rib pain.

HISTORY OF PRESENT ILLNESS:

Pt is a 53 y/o male who describes pain in L chest wall in the site of

previous donor site for nasal reconstruction.

No SOB. Injury occurred three days ago.

REVIEW OF SYSTEMS:

Negative for systems not addressed in HPI.

PROBLEMS / PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Impacted Cerumen 10/17/08
KRAMER,THEODORE
2. PTSD 04/03/07 KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma
3. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA
J
6. Diabetes * (ICD-9-CM 250.00) 11/03/03
HOOVER,DOROTHEA

ALLERGIES:Patient has answered NKA

MEDICATIONS:

Medication Reconciliation performed No
Enter any new OTC or non VA medications if applicable:

Computer is the source for the following medication list:

CEPHALEXIN 500MG CAP Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY - FOR INFECTION.
HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN Sig: INSTILL 3 DROPS IN RIGHT EAR TWICE A
DAY -FOR INFECTION.
METFORMIN HCL 1000MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.
MALLINKRODT BRAND ONLY
LIDOCAINE 5% OINT Sig: APPLY SMALL AMOUNT TOPICALLY AS NEEDED - 12 HOURS ON

12 HOURS OFF -FOR FOOT AND KNEE
LISINOPRIL 5MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE
ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP Sig: USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.
INSULIN,GLARGINE,HUMAN 100 UNIT/ML INJ Sig: INJECT 5 UNITS UNDER THE SKIN AT BEDTIME FOR DIABETES. DISCARD 28 DAYS AFTER OPENING. DO NOT MIX IN SAME SYRINGE WITH OTHER INSULINS. FOLLOW TITRATION SCALE AS DIRECTED
INSULIN SYRINGE 0.5ML 30G 0.5IN Sig: USE A SYRINGE AS DIRECTED - FOR INSULIN INJECTIONS.
SIMVASTATIN 80MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN

GENERAL: AAO x 3.
VITALS: P: 77 (10/29/2009 13:54); BP: 169/84 (10/29/2009 13:54);
RR: 12 (10/29/2009 13:54); T: 98.3 F [36.8 C] (10/29/2009 13:54);
Pulse ox: Measurement DT POx
(L/MIN)(%)
10/29/2009 13:54 96
08/26/2009 08:30 95

CHEST:

Minimal pain with palpation. Good BS bilaterally.

LABS/IMAGING:

CXR and RIB SERIES Impression:

1. No displaced rib fracture.

2. No acute cardiopulmonary abnormality.

ASSESSMENT:

Chest wall pain.

PLAN:

Initally I prescribed vicodin for the patient, but was advised by the pharmacy that he received 180 tabs two weeks ago. I asked the pharmacist to cancel my order, and to advise pt to f/up with PCP.

Condition on d/c: stable.

Disposition: home.

/es/ Gary Roberts MD
Staff Physician
Signed: 10/29/2009 17:15

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: OCT 14, 2009@15:32 ENTRY DATE: OCT 14, 2009@15:32:44
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

f.u for nasal septal reconstruction. Feels some drainage from left nostril
Took two days of antibiotics with improvment in nasal swelling. NO erythema

PE: satisfactory postop result, eschar removed from left anterior nasal vestibule, no granulation no exposed graft
chest: healed rib harvest site

A: lo grade infection?

P: keflex 500 q 12 x 7
RTC 6 weeks

/es/ Brian S. Orisek MD
Staff Otolaryngolist
Signed: 10/14/2009 15:36

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: AUG 31, 2009@15:41 ENTRY DATE: AUG 31, 2009@15:41:23
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

s/p revisional rhinoplasty. No problems

PE: graft midline, no slough, good tip support
sutures and packs out, right sided columellar swelling

A: doing well

P: RTC 10 days

/es/ Brian S. Orisek MD

Staff Otolaryngolist
Signed: 08/31/2009 15:45

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: AUG 26, 2009@08:20 ENTRY DATE: AUG 26, 2009@08:21
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

POD 1 for septorhinoplasty with left rib graft. C/O some left chest wound pain and tenderness. No nasal pain or bleeding.

PE: edema of tip, no ecchymoses, anterior gauze packs removed, intranasal telfa pads in place

A: satisfactory postop course

P: plan for discharge today
Vicodin prn pain.

/es/ Brian S. Orisek MD
Staff Otolaryngolist
Signed: 08/26/2009 08:23

LOCAL TITLE: Anesthesia Record
STANDARD TITLE: ANESTHESIOLOGY FLOWSHEET
DATE OF NOTE: AUG 25, 2009@14:10 ENTRY DATE: AUG 28, 2009@13:23:58
AUTHOR: GENERIC-PICIS,PICIS EXP COSIGNER:
URGENCY: STATUS: COMPLETED

This document contains a scanned Surgery flowsheet. Please check VistA Imaging for the scanned document.

Administrative Closure: 08/28/2009
by: PICIS IMAGING GENERIC-PICIS

LOCAL TITLE: Anesthesia Record
STANDARD TITLE: ANESTHESIOLOGY FLOWSHEET
DATE OF NOTE: AUG 25, 2009@14:10 ENTRY DATE: AUG 28, 2009@08:45:37
AUTHOR: OPADA,MATT M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

This document contains a scanned Surgery flowsheet. Please check VistA Imaging for the scanned document.

Administrative Closure: 08/28/2009
by: PICIS IMAGING GENERIC-PICIS

LOCAL TITLE: Anesthesia Record
STANDARD TITLE: ANESTHESIOLOGY FLOWSHEET
DATE OF NOTE: AUG 25, 2009@14:10 ENTRY DATE: AUG 28, 2009@08:23:06
AUTHOR: OPADA,MATT M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

This document contains a scanned Surgery flowsheet. Please check VistA Imaging for the scanned document.

Administrative Closure: 08/28/2009
by: PICIS IMAGING GENERIC-PICIS

LOCAL TITLE: ENT History &Physical (Surg)
STANDARD TITLE: OTOLARYNGOLOGY H & P NOTE
DATE OF NOTE: AUG 03, 2009@09:01 ENTRY DATE: AUG 03, 2009@09:11:18
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

I.D.:

Chief Complaint: nasal obstruction and appearance of nose. He underwent revision septorhinoplasty with auricular cartilage reconstruction of middorsum. Since that procedure nasal airway is still unsatisfactory and worse of the right. Desires increased projection of the nasal tip with definition.

PMHx:
Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	KRAMER,THEODORE
2. PTSD	04/03/07	KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma		
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Meds:
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) CIPROFLOXACIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 12 HOURS FOR 10 DAYS FOR INFECTION	ACTIVE
2) HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN INSTILL 4 DROPS IN OTIC FOUR TIMES A DAY -FOR INFECTION.	ACTIVE
3) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE
4) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
5) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE

Allergies: Patient has answered NKA

Habits: Smoking denies
Alcohol denies
Other denies drug use
works on flooring, + noxious agents

Family Hx: NC

ROS:
No headaches, nasal discharge, visual difficulties
No chest pain, dyspnea, PND, orthopnea
No nausea, vomiting, diarrhea, dysphagia or odynophagia
No abd pain or cramping
No dysuria, hematuria, melena, or hematochezia
No rash or itching
No numbness, tingling burning in the feet or hands
No fevers, chills or sweats.

H.P.I.:

52 yo male with hx of trauma from fighting to nose several years ago. under went septorhinoplasty with auricular cartilage in 2004. pt states never had improvement after surgery.

O/E:

Eyes: PERLA

Ears: Rt TM : N
Lt TM : N
External Auditory Canals : N

Nasal exam:
defect caudal to nasal bones mid-dorsal septal depression, ULC appear attached with no collapse of internal valve, resected anterior septal angle and caudal septum with poor tip support, platyrrhine
poor tip support -- floppy upon palpation
septum maligned contributing to bilateral external valve obstruction.
minimal air flow though bilateral nares
thick nasal soft tissue, bilateral inferior turbinates

Oral Cavity :
Teeth : good dentition
Floor of Mouth : No lesions seen
Tongue : No lesions seen
Palate : No lesions seen
Buccal Mucosa : No lesions seen
Lips : No lesions seen

Oropharynx :
Tonsils : N
Posterior pharyngeal wall : N
Bimanual palpation of tongue base

Neck : No palpable masses or adenopathy
Normal sized thyroid without palpable nodules

Heart: RRR

Lungs: CTA B/L

Impression:

53 y/o status post prior nasal reconstruction with continued obstruction saddle nose deformity. Consented for revision septorhinoplasty with costal cartilage graft.

Plan: There was a long discussion with the patient reagarding the goals and objectives to the procedure. We clearly stated that the upcoming procedure may not improve his smell and that it may infact worsen his smell and nasal obstruction. At the end of the conversation pt demonstrated understading of the goals of the procedure

the R/B/A where discussed with the patient risks discussed include bleeding, infection, poor wound healing, risks of anesthesia, myocardial infarct, stroke, death, poor cosmetic results, pneumothorax, need for additional surgery, persistant or permanent loss of smell and persistant nasal obstruction. Patient demonstrated understanding and signed formal consent forms. He will undergo preoperative work up today. Pt seen with Dr.James Tate

He will sent for preop CXR, EKG, chem panel, CBC

/es/ Brian S. Orisek MD
Staff Otolaryngolist
Signed: 08/03/2009 09:34

LOCAL TITLE: Primary Care Note 60387
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAY 19, 2009@12:19 ENTRY DATE: MAY 19, 2009@12:19:46
AUTHOR: FISHER,CLIFFORD B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Note 60387 Has ADDENDA ***

Patient walked into PCC again c/o malaise, noted to be diaphoretic and pallid again. Vitals ok, FSG ~225. Overheard Case Manager attempting to review patient's trajectory of DM progress and encourage initiation of Lantus Insulin per my rec. Patient continued to voice resistance and refusal to Insulin.

Joined discussion and informed patient his A1c trajectory is out of control and he is failing current Oral therapy, indices suggest weight loss likely due to metabolic failure, pancreas is insufficient for current demand, and at this time Insulin would be a critical measure to establish control of DM.

Patient continues to rationalize, argue, and deny rec to start Insulin. Is advised failure to make necessary changes in management of DM may lead to critical metabolic failure in coming months or precipitate early vascular diease and/or renal failure.

/es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician
Signed: 05/19/2009 12:23

05/19/2009 ADDENDUM STATUS: COMPLETED
Check blood sugar every morning before breakfast and also if you have symptoms of low blood sugar.

Each evening/bedtime at same time take 5 units of Glargine/Lantus (purple stripe/taller
bottle). You will then ADD more each night based upon the sugar result from that morning until your
sugars are at goal (100-140).

If AM blood sugar is > 300, increase Glargine by 5 units that night.
If AM blood sugar is > 200, increase Glargine by 2 units that night.

If AM blood sugar is 150 to 200, increase Glargine by 1 unit that night.
If AM blood sugar is <150, continue same dose as previous night.
If AM blood sugar is < 80 decrease Glargine by 2 units that night.

If your blood sugar is less than 70, treat low blood sugar first.
For BS < 70, 1 tube of glutose gel or 3 glucose tablets.
For BS < 50, 2 tubes of glutose gel or 6 glucose tablets.
Re-check blood sugar after 15 minutes. If blood sugar is >80, eat your meal immediately.
If BS is still < 80 retreat low blood sugar. If it was not yet mealtime please follow treatment with a
protein snack.

If you do not have your monitor at time of symptoms of low -
TREAT with minimum of 3 glucose tablets or 1 tube of glutose gel.

*For accuracy in home blood sugar monitoring - always wash hands first (alcohol residue on finger can alter result).
*Dispose of open bottle's of insulin every 30 days.
*Hold needle in place for 10 seconds after injecting.
*Rotate injection site.
*Never mix Glargine/Lantus with anything else.
*DO NOT DRINK ALCOHOL AT ALL! VERY DANGEROUS

Please record blood glucose/sugar readings, insulin amounts and time.

Fax record to (916) 843-7144 in one week.
Goal is fasting blood glucose 100-140. Blood glucose at other times, 120-140.

Call Advice Nurse Line for concerns: 1-800-382-8387, message will be sent to Provider and Diabetes Nurse.

/es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician
Signed: 05/19/2009 12:29

LOCAL TITLE: Emergency Dept Clinician Note
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: MAY 12, 2009@13:02:59 ENTRY DATE: MAY 12, 2009@13:02:59
AUTHOR: ROBERTS,GARY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT / REASON FOR VISIT:

Lightheaded.

HISTORY OF PRESENT ILLNESS:

Pt is a 53 y/o male who presents to ER after feeling dizzy and lightheaded during a visit to the lab for blood draw.

States that he has been "sick" for about two days. States he awakened with nausea and vomiting after eating scalloped potatoes the night before. Felt better the next day and then today, had recurrence of nausea.

States that he has L sided chest "fluttering" that is worse when he lays on his L side, is completely resolved when he is in any other position. Not associated with SOB.

States he has had some sweats. No other GI or GU sx.

States he has had episodic lightheadedness associated "with needles", but has never had a syncopal event.

Pt questioning if "this could be stress." States he has a lot of situational stress involving finances, his home and business dealings with an individual who wants to develop a patent he holds. "I guess I just can't accept success."

REVIEW OF SYSTEMS:

Negative for systems not addressed in HPI.

PROBLEMS / PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	
KRAMER,THEODORE		
2. PTSD	04/03/07	KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma		
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	
HOOVER,DOROTHEA		
4. HTN * (ICD-9-CM 401.9)	02/13/04	
HOOVER,DOROTHEA		
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA
J		
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	
HOOVER,DOROTHEA		

ALLERGIES:Patient has answered NKA

MEDICATIONS:

Medication Reconciliation performed No
Enter any new OTC or non VA medications if applicable:

Computer is the source for the following medication list:

METFORMIN HCL 1000MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.
GLIPIZIDE 10MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO A MEAL
SIMVASTATIN 80MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER
DAY. (MALLINKRODT BRAND ONLY)
HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN Sig: INSTILL 3 DROPS IN RIGHT EAR TWICE A
DAY -FOR INFECTION.
ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP Sig: USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.
LISINOPRIL 5MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

GENERAL: AAO x 3; NAD.

VITALS: P: 72 (05/12/2009 12:42); BP: 144/68 (05/12/2009 12:42);
RR: 14 (05/12/2009 12:42); T: 97 F [36.1 C] (05/12/2009 12:42);
Pulse ox: Measurement DT POx
(L/MIN)(%)
05/12/2009 12:42 99
10/27/2008 10:07 97

HEENT:

EOMI; PERRLA, neck supple without adenopathy. Pharynx clear.

CHEST:

No wheezes, rales or rhonchi.

COR:

RRR without MRG.

ABD:

Soft, benign. No mass, guarding, rigidity or rebound.

ED ASSESSMENT:

GI sx in pt with DM.

ED PLAN:

Labs, obs.

LABS/IMAGING:

---- CBC ----

BLOOD	05/12 2009 12:50	03/18 2009 11:13	Units	Reference Ranges
WBC	6.7	6.0	K/cmm	4.8 - 10.8
RBC	4.72	4.64 L	M/cmm	4.7 - 6.1
HGB	15.1	14.8	g/dL	14 - 18
HCT	44.1	42.8	%	42 - 52
MCV	93.5	92.2	fL	80 - 99
MCH	31.9	32.0	uug	27 - 34
MCHC	34.2	34.7	gm/dL	32 - 35.2
RDW	12.1	12.3	%	11.5 - 14.5
PLT	194	198	K/cmm	130 - 400
MPV	7.5	6.7 L	fL	7 - 10.4
NEUT %	72.5	54.9	%	40 - 80
LYMPH %	20.9	33.2	%	20 - 51
MONO %	4.9	8.1	%	2 - 13
EOS %	1.4	3.3	%	.5 - 7
BASO %	0.3	0.5	%	0 - 2
NEUT #	4.9	3.3	K/cmm	1.5 - 7.9
LYMPH #	1.4	2.0	K/cmm	1.2 - 3.4
MONO #	0.3	0.5	K/cmm	.2 - 1.2
EOS #	0.1	0.2	K/cmm	.1 - .5
BASO #	0.0	0.0	K/cmm	0 - .2

---- CHEM PROFILE ----

PLASMA	05/12	03/18	Reference

	2009 10:55	2009 11:13	Units	Ranges
GLUCOSE	312 H	289 H	mg/dL	74 - 118
GLUfast			mg/dL	Ref: <=99
NA	136	135 L	mmol/L	136 - 144
K	4.5	4.4	mmol/L	3.4 - 4.8
CL	100	101	mmol/L	98 - 106
CO2	27	24	mmol/L	23 - 33
BUN	15	20	mg/dL	8 - 26
CREAT	0.6	0.8	mg/dL	.5 - 1.1
eGFR	>60	>60	mL/min	Ref: >=60
CALCIUM	9.6	9.5	mg/dL	8.7 - 10.2

---- LIPID PANEL ----

PLASMA	05/12 2009 10:55	11/14 2008 09:43	Units	Reference Ranges
CHOL	199	248 H	mg/dL	Ref: <=200
TRIGLYC	118	173 H	mg/dL	Ref: <=150
HDL	50	52	mg/dL	Ref: >=40
LDL	126	161 H	mg/dL	Ref: <=160

Collection time: May 12, 2009@14:50

Test Name	Result	Units	Range
APPEARANCE	CLEAR		
URINE COLOR	YELLOW		
SPECIFIC GRAVITY	>=1.030		1.000 - 1.030
UR. UROBILINOGEN	0.2	EU/dL	0.1 - 1.0
URINE BLOOD	NEG		Ref: NEG
URINE BILIRUBIN	NEG		Ref: NEG
URINE KETONES	TRACE	mg/dL	Ref: NEG
URINE GLUCOSE	>=1000	mg/dL	Ref: NEG
URINE PROTEIN	NEG	mg/dL	NEG - TRACE
URINE PH	5.5		5 - 9
URINE NITRITE	NEG		Ref: NEG
LEUKOCYTE ESTERASE	NEG		Ref: NEG

ED COURSE:

Pt tolerates food well here. States he feels OK.

ASSESSMENT:

Lightheadedness, resolved.

PLAN:

Home.

F/up with PCP, prn.

Condition on Discharge:Improved
Disposition:

Condition on Discharge:Satisfactory
Disposition:

/es/ Gary Roberts MD
Staff Physician
Signed: 05/12/2009 16:30

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAY 12, 2009@12:26 ENTRY DATE: MAY 12, 2009@12:26:33
AUTHOR: FISHER,CLIFFORD B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Interim Note Has ADDENDA ***

Patient presented to lab today and felt light headed, nauseated after venipuncture attempt x5. Had fasted this a.m. and went and ate but continued to feel light headed and queasy, found by RN and placed in bed, vitals stable but noted to be cold and clammy. Patient on exam appears to be in mild distress, now reporting aching L-ACW and upper Quad pain, still nauseated, light headed.

D/W Dr Davis in ER, plan to place monitor and transport there for w/u ? cardiac or GI process.

/es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician
Signed: 05/12/2009 12:28

05/13/2009 ADDENDUM STATUS: COMPLETED
Review of labs reflect very poor control of DM, has been filling Metformin but tracking shows missed 2 mos of Glipizide. Please d/w patient how he wants to proceed as I would rec he is failing oral Tx and should be started on Lantus. Has

had poor diet and high stimulant use prior, inquire if still ongoing.

/es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician
Signed: 05/13/2009 11:03

Receipt Acknowledged By:
05/14/2009 08:55 /es/ MARILYN FORD
Case Manager Primary Care

LOCAL TITLE: Anesthesia Note 14894
STANDARD TITLE: ANESTHESIOLOGY NOTE
DATE OF NOTE: MAR 18, 2009@10:57 ENTRY DATE: MAR 18, 2009@10:57:43
AUTHOR: RITTENBACH,JONATHAN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

ANESTHESIA PRE-OP EVALUATION

Seen Prior to Day of Surgery
History From: Patient, Chart

Surgical Procedure: Revision septoplasty

Diagnosis: Nasal obstruction

Date of Procedure: Mar 31, 2009
Outpatient
Age: 53
Sex: MALE

Height: 73 in [185.4 cm] (10/27/2008 10:07)
Weight: 239.5 lb [108.9 kg] (03/18/2009 08:57)
Temperature: 97.8 F [36.6 C] (03/18/2009 08:57)
Pulse: 63 (03/18/2009 08:57)
Respiration: 18 (02/18/2009 11:03)
B/P: 144/83 (03/18/2009 08:57)

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Past Medical History:

****

ACTIVE PROBLEM LIST

Impacted Cerumen	OCT 17, 2008
PTSD	APR 03, 2007
Hyperlipidemia (ICD-9-CM 272.4)	SEP 03, 2004

HTN (ICD-9-CM 401.9) FEB 13, 2004
Internal derangement of knee (ICD-9-CM 717.9) DEC 03, 2003
Diabetes (ICD-9-CM 250.00) NOV 03, 2003

Medications: Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
3)	HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN INSTILL 3 DROPS IN RIGHT EAR TWICE A DAY -FOR INFECTION.	ACTIVE
4)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE
5)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
6)	METFORMIN HCL 1000MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
7)	SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE

Outpatient Meds: Active Outpatient Medications (excluding Supplies):

* * WARNING * * Sorting by drug class may not be accurate!
Medications belonging to multiple drug classes will only be listed under a single drug class.

	Active Outpatient Medications (By Drug Class)	Status
1)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE
2)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
3)	SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE

4) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE — ACTIVE

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5) ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR. — ACTIVE

==========

6) METFORMIN HCL 1000MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES. — ACTIVE

==========

7) HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN INSTILL 3 DROPS IN RIGHT EAR TWICE A DAY -FOR INFECTION. — ACTIVE

Herbal and over the counter Medications:
Allergies: Patient has answered NKA

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Smoking History:
Denies

Alcohol History:
Denies

Drug History:
MJ

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Past Surgical and Anesthesia History: Septal reconstruction

Previous trouble with anesthetics:
Denies

Family History of Anesthetic Complications:
Denies

==========

RESPIRATORY:

Denies SOB, wheezing, cough, sputum, and hemoptysis, sleep apnea, hoarseness
Denies All:
Asthma,COPD,Recent Exacerbation,SOB, wheezing, cough,
sputum, hemoptysis, sleep apnea, hoarseness
==========
CARDIOVASCULAR:
Activity level: Easily walk 2 flights of stairs without significant cardiac symptoms
HTN:
Hyperlipid

Denies chest pain, edema, SOB, PND, DOE, orthopnea, claudication
==========
GI:
denies dysphagia, anorexia, nausea, vomiting, abd pain, diarrhea,
jaundice, constipation, bleeding, incontinence
Denies All:
GERD,Liver Dx, PUD, Dysphagia, anorexia, nausea,
vomiting, abd pain, diarrhea, jaundice, constipation,
bleeding, incontinence
==========
GU:
Denies dysuria, urgency, hematuria, hesitancy, incontinence, frequency,
nocturia, renal failure/dialysis.
Denies All:
BPH,Renal Dx, Renal Failure, Dysuria, urgency,
hematuria, hesitancy, incontinence, frequency, nocturia
==========
NEURO:
Denies syncope, seizures, numbness, tingling, burning, weakness, vertigo,
CVA/TIA's
Denies All:
Seizures, CVA / TIA, Syncope, seizures, numbness,
tingling, burning, weakness, vertigo
==========
Endocrine:
Diabetes: on oral hypoglycemics

==========
HEM/ONC:
Denies All:
Bleeding Tendency, Anemia,Transfusion History
Malignancy, Bleeding or Blood Disorder
==========
MUS/SKEL:
Denies joint or muscle pains
Denies All:
Arthritis, Joint and Muscle Pain

==========

Psych:

Chart indicates PTSD. Patient is anxious today about his procedure and has asked to be seen by anesthesiologist. Pt requests sedation as early as appropriate upon his arrival for surgery.

==========

Physical Exam:

Blood Pressure:144/83 (03/18/2009 08:57)
Heart Rate:63 (03/18/2009 08:57)
Respiratory Rate: 18 (02/18/2009 11:03)
Airway: MP 1, nl tmd, From neck, normal dentition

Heart: RRR, no murmurs,nl S1 and S2

Lungs: CTAB

Other:
DIAGNOSTICS:

CBC:

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
10/27/2008 13:50	BLOOD	9.2	15.4	44.1	91.8	34.9	195
11/02/2007 15:58	BLOOD	6.8	15.2	43.8	95.0	34.7	218

Chem 6:

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
10/27/2008 13:20	PLASM	134 L	4.1	100	26.0	15	0.7

Glucose:

Collection DT	Spec	GLUCOSE
10/27/2008 13:20	PLASM	267 H

INR:
SCL1 - PT/INR

Collection DT	Spec	PT
07/22/2005 21:00	PLASM	10.7
01/23/2004 09:32	PLASM	10.2

Liver:

Collection DT	Spec	SGPT	AST	ALK PHO	ALBUMIN	T. BIL
10/27/2008 13:20	PLASM	39	23	63	4.7	1.2
11/02/2007 15:58	PLASM	49	37	72	4.7	0.8

Collection DT	Spec	ALBUMIN
10/27/2008 13:20	PLASM	4.7
11/02/2007 15:58	PLASM	4.7

07/12/2006 13:39 PLASM 4.6

Chest Xray:
CHEST 2 VIEWS PA&LAT

Exm Date: MAY 04, 2004@15:50
Req Phys: HOOVER,DOROTHEA

Pat Loc: ZZZSACMEDPCHOOVERFU (Req'g Loc
Img Loc: SACRAMENTO RADIOLOGY
Service: Unknown

(Case 1010 COMPLETE) CHEST 2 VIEWS PA&LAT (RAD Detailed) CPT:71020

Clinical History:
wt loss smoker r/o ca

Report Status: Verified

Date Reported: MAY 04, 2004
Date Verified: MAY 10, 2004

Verifier E-Sig:/ES/ASIF ANWAR

Report:
Frontal and lateral views of the chest were obtained without previous studies available for comparison.

The cardiac and mediastinal contour appears unremarkable. The lungs are clear and show no evidence for infiltrates, effusions or pneumothoraces.

Impression:
1. Unremarkable study.

ECG:
3/18/09 HR 57, otherwise EKG without sig abnormalities

Persantine Thallium: None

ETT:None

Echo: None

ASA: 2

Planned Anesthetic:
GETA

==========
Assessments/ Recommendations / Comments:
53 y/o male with hx of DM, PTSD, HTN and Hyperlipid with past hx of facial trauma secondary to assualt with subsequent failed reconstruction now in need of septal reconstruction. Pt has septal obstruction but otherwise has no other sig facial injury and has normal appearing airway. Pt is rather anxious today and requesting early sedation on surgical date.

==========
Patient Instructions: Hold all meds including asa.

Anesthesia options, benefits and risks including H/A, N/V, drug reactions, airway problems, dental damage, nerve damage, bleeding, stroke, pneumonia, MI and death were discussed. Patient verbalized understanding and wishes to proceed with procedure.

NPO @ midnight
Hold the following medications prior to surgery: All meds.

/es/ Jonathan Rittenbach MD
Anesthesiologist
Signed: 03/18/2009 11:15

LOCAL TITLE: ENT History &Physical (Surg)
STANDARD TITLE: OTOLARYNGOLOGY H & P NOTE
DATE OF NOTE: MAR 18, 2009@10:14 ENTRY DATE: MAR 18, 2009@10:14:22
AUTHOR: SALGADO,MOSES EXP COSIGNER: TATE,JAMES
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 13,1955

I.D.:

Chief Complaint: nasal obstruction and appearance of nose

PMHx:
Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	KRAMER,THEODORE
2. PTSD	04/03/07	KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma		
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Meds:
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) CIPROFLOXACIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 12 HOURS FOR 10 DAYS FOR INFECTION	ACTIVE
2) HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN INSTILL 4 DROPS IN OTIC FOUR TIMES A DAY -FOR INFECTION.	ACTIVE
3) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE
4) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
5) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE

Allergies: Patient has answered NKA

Habits: Smoking denies
Alcohol denies
Other denies drug use
works on flooring, + noxious agents

Family Hx: NC

ROS:
No headaches, nasal discharge, visual difficulties
No chest pain, dyspnea, PND, orthopnea
No nausea, vomiting, diarrhea, dysphagia or odynophagia
No abd pain or cramping
No dysuria, hematuria, melena, or hematochezia
No rash or itching
No numbness, tingling burning in the feet or hands
No fevers, chills or sweats.

H.P.I.:

52 yo male with hx of trauma from fighting to nose several years ago. under went septorhinoplasty with auricular cartilage in 2004. pt states never had improvement after surgery.

O/E:

Eyes: PERLA

Ears: Rt TM : N
Lt TM : N
External Auditory Canals : N

Nasal exam:
defect caudal to nasal bones consistent with inverted V deformity
poor tip support -- floppy upon palpation
septum maligned contributing to bilateral external valve obstruction.
minimal air flow though bilateral nares
thick nasal soft tissue

Oral Cavity :
Teeth : good dentition
Floor of Mouth : No lesions seen
Tongue : No lesions seen
Palate : No lesions seen
Buccal Mucosa : No lesions seen
Lips : No lesions seen

Oropharynx :
Tonsils : N
Posterior pharyngeal wall : N
Bimanual palpation of tongue base

Neck : No palpable masses or adenopathy
Normal sized thyroid without palpable nodules

Heart: RRR

Lungs: CTA B/L

Impression:

52 y/o status post prior nasal reconstruction with continued obstruction saddle nose deformity. Consented for revision septorhinoplasty with costal cartilage graft.

Plan: There was a long discussion with the patient reagarding the goals and objectives to the procedure. We clearly stated that the upcoming procedure may not improve his smell and that it may infact worsen his smell and nasal obstruction. At the end of the conversation pt demonstrated understading of the goals of the procedure

the R/B/A where discussed with the patient risks discussed include bleeding, infection, poor wound healing, risks of anesthesia, myocardial infarct, stroke, death, poor cosmetic results, pneumothorax, need for additional surgery, persistant or permanent loss of smell and persistant nasal obstruction. Patient demonstrated understanding and signed formal consent forms. He will undergo preoperative work up today. Pt seen with Dr.James Tate

He will sent for preop CXR, EKG, chem panel, CBC

/es/ Moses Salgado, MD
ENT Resident, PGY3
Signed: 03/18/2009 10:21

/es/ James Tate, M.D.
Facial Plastic Surgery (Contractor)
Cosigned: 04/07/2009 11:17

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: FEB 18, 2009@10:15 ENTRY DATE: FEB 18, 2009@10:15:09
AUTHOR: TATE,JAMES EXP COSIGNER:
URGENCY: STATUS: COMPLETED

f/u
52 yo male with hx of trauma from fighting to nose several years ago. under went septorhinoplasty with auricular cartilage in 2004. pt states never had improvement after surgery.

scheduled for surgery previously but cancelled.

Now would like to reschedule.

Exam unchanged.

Imp)
Nasal obstruction
Severe nasal collapse with tip ptosis

Plan)
surgery scheduled for march 31, 2009. Will need revision septorhino with use of

costal vs auricular cartilage, bilateral inferior turbinate reduction. Will return for preop.

/es/ James Tate, M.D.
Facial Plastic Surgery (Contractor)
Signed: 02/18/2009 10:52

LOCAL TITLE: PC Hypertension Followup
STANDARD TITLE: NURSING OUTPATIENT NOTE
DATE OF NOTE: FEB 03, 2009@11:09 ENTRY DATE: FEB 03, 2009@11:09:42
AUTHOR: TYLER,MICHELLE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Measurement DT	BP	PULSE	WEIGHT LB(KG)[BMI]
02/03/2009 10:58	118/67	70	
02/03/2009 10:49	137/71	67	
01/20/2009 11:37	142/84	60	
01/20/2009 11:32	158/80	61	241(109.32)[32*]

The patient's BP is at or below goal BP. RTC as scheduled/instructed. The patient took their blood pressure medication today., The patient usually takes their medication regularly.

Pt. is anticipating ENT surgery on FEB. 18

/es/ MICHELLE TYLER, LVN
LICENSED VOCATIONAL NURSE
Signed: 02/03/2009 11:12

Receipt Acknowledged By:
02/03/2009 11:24 /es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician

LOCAL TITLE: Primary Care Note 60387
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JAN 20, 2009@09:45 ENTRY DATE: JAN 20, 2009@09:45:11
AUTHOR: FISHER,CLIFFORD B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Note 60387 Has ADDENDA ***

The patient was identified by the with the following methods: Name, DOB, and

SSN.

The patient is a 53 year old MALE here to follow up.

CHIEF COMPLAINT / REASON FOR VISIT:

Says feels bad on Metformin.

HISTORY OF PRESENT ILLNESS:

Seen new in 8/06, was overdue for F/U when last seen in 11/07, unclear why resched early in 1/08 but no showed, was due back mid 2008 but ? never called for appt. Has been F/W ENT for issues of recurrent otitis and cerumen impaction, recently disimpacted and given Qtts. Was referred to MHC and seen 3/07 for PTSD, refused medications and was lost to F/U after that point. Says he takes 5-Hour energy drinks and takes a colon cleanse and cinammon. Has a few episodes on rising in the morning when his legs will feel numb and tingly and then feel like he has to fall, lasts 30 seconds.

Patient denies bowel changes, CP, cough, HA, weakness, weight loss.

REVIEW OF SYSTEMS:
All other systems were reviewed and were found to be negative.

PAST MEDICAL HISTORY:
Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	KRAMER,THEODORE
2. PTSD	04/03/07	KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma		
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

MEDICATIONS:

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:

Computer is the source for the following medication list:

HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 2 TABLETS BY MOUTH THREE

METFORMIN HCL 1000MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR
HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN Sig: INSTILL 3 DROPS IN RIGHT EAR TWICE A
ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP Sig: USE STRIP AS DIRECTED TWO TO THREE
KETODIASTIX GLUCOSE KETONE TEST STRIP Sig: USE STRIP AS NEEDED TO CHECK
ASPIRIN 81MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD

GLIPIZIDE 10MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES -
SIMVASTATIN 80MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR
LISINOPRIL 5MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

NON-VA MEDS - NONE FOUND

OVER THE COUNTER: NONE

SUPPLEMENTS: NONE

ALLERGIES:
Patient has answered NKA

PHYSICAL EXAMINATION:

Vitals - most recent
  Wt. 241 lb [109.5 kg] (01/20/2009 11:32) [+15#]
  BP 158/80 (01/20/2009 11:32)
  HR 61 (01/20/2009 11:32)
  Temp 96.5 F [35.8 C] (01/20/2009 11:32)
  BMI 31.9
  Manual bp recheck: 142/84 p: 60
 General:
  Alert and Oriented X 3
  No Apparent Distress
  Obese
 Eyes B/L:
  EOMI
  PERRLA
 Ears:
  Externally normal
  Hearing grossly intact
  Tympanic membranes intact
 Mouth:
  mucosa moist
  Throat clear
 Neck B/L:
  No JVD
  No thyromegaly
  No lymphadenopathy
 Chest B/L:
  CTA
 Heart:
  Regular rate
  Grossly regular rhythm
 Abdomen:
  Bowel sounds present

Non-tender
Extremities B/L:
No edema

LABS: A1c 9.2, LDL 161

ASSESSMENT/PLAN: The patient is a 53 year old MALE with:

1. Right knee/leg pain, chronic. Patient is using 1-2 Vicodin TID, doing well.

2. DM. Poor control per prior labs and has gained 15# and encouraged diet/exercise to lose. Lipid Rx and Metformin had expired, renewed at last lab check and is due for repeat labs next month to eval need to titrate.

3. HTN. Good control on ACE prior, gained weight, reminded to avoid salt.

4. Hyperlipidemia. Due for repeat lab next month.

5. PTSD. Has h/o issues suggesting this vs. anxious depression or even bipolar type disease with bad rxn to Paxil in past. Referred to MHC for eval but has not availed them of their services.

6. OTITIS. F/W ENT for cerumen issues.

7. Leg paresthesias. Has a spondlolisthesis og L5 on S1 and some positional sensory Sxs but no weakness, advised to call if this worsens to consider MRI.

ORDERS: LABS 2-3/09

CONSULTS: NONE

FOLLOW UP: Nurse BP check in 2 weeks

02/18/2009 10:00 SAC SUR ENT FACIAL PLASTI

EDUCATION: The patient acknowledges and endorses the care plan delineated above.
**See clinical reminders below for additional educational efforts:

Clinical Reminders:
Influenza vaccine - Sep 08 - Apr 09:
The patient declines to be vaccinated for influenza.
Prostate Cancer Screen/Educate:
The potential benefit and the possible risks of screening for prostate cancer were reviewed with the patient.
The potential value of screening including early detection of prostate cancer was reviewed.
The risks of false positive and false negative tests and the possibility of the need for invasive procedures for further

evaluation of positive tests was discussed.
Diabetic with last BP>=140/90:
The patient was educated on the importance of diet and of regular exercise and/or physical activity in the control of blood pressure.

/es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician
Signed: 01/20/2009 13:01

04/16/2009 ADDENDUM STATUS: COMPLETED
Please advise patient he is several months overdue for several labs, needs to complete ASAP for meds to be refilled.

/es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician
Signed: 04/16/2009 09:31

Receipt Acknowledged By:
04/17/2009 13:24 /es/ Holly Baker LVN
Staff Licensed Vocational Nurse

LOCAL TITLE: Optometry Consult 15049
STANDARD TITLE: OPTOMETRY CONSULT
DATE OF NOTE: JAN 14, 2009@06:05 ENTRY DATE: JAN 14, 2009@06:05:11
AUTHOR: MEYER,FREDERICK EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SUBJ CHIEF COMPLAINT: LEE - X 2.5 YRS - SAC EYE - DR OTA -- PCM CONSULT FOR DM II EXAM

POH:

1. EMMETROPIC / PRESBYOPIC
2. NO DM RETINOPATHY NOTED - OU

MEDICAL PROBLEMS

Computerized Problem List is the source for the following:

1. Impacted Cerumen 10/17/08
KRAMER,THEODORE
2. PTSD 04/03/07 KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma
3. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
HOOVER,DOROTHEA

4. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA
J
6. Diabetes * (ICD-9-CM 250.00) 11/03/03
HOOVER,DOROTHEA

MEDICATIONS

Computer is the source for the following medication list:

HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER
DAY. (MALLINKRODT BRAND ONLY)
HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN Sig: INSTILL 3 DROPS IN RIGHT EAR TWICE A
DAY -FOR INFECTION.
ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP Sig: USE STRIP AS DIRECTED TWO TO THREE
TIMES A WEEK - TO TEST BLOOD SUGAR.
KETODIASTIX GLUCOSE KETONE TEST STRIP Sig: USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300. ISSUED DURING CLASS
ASPIRIN 81MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL
GLIPIZIDE 10MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO A MEAL
METFORMIN HCL 1000MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.
SIMVASTATIN 80MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN
LISINOPRIL 5MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE

11/14/2008 HGBA1c 9.20 H

FAM HX:

GLAUC:no
MAC DEGEN:no
BLINDNESS:no
OTHER:

ALLERGIES: Patient has answered NKA

PUPILS: OD 4 mm
OS 4 mm

Afferent defect no

EOM'S: Full

LAST MRX:

RX
+050-050x125 OD: 20/20
+025-025x045 OS: 20/20

OD ADD:+1.75 20/20
OS ADD:+1.75 20/20

Wearing:

	SPHERE	CYLINDER	AXIS	PRISM	BASE
RIGHT	+1.50 sph	near only			
LEFT	+1.50 sph				

	ADDITION	HEIGHT	TYPE	WIDTH	PD
RIGHT					60
LEFT					

V.A.'S:

S RX / OD 20/20
\ OS 20/20-

EXT EXAM: normal

COVER TEST: ortho

Manifest: PD: 63

OD: PL SPH 20/20
OS: +0.25 -0.25 X 090 20/20
OU: 20/20

ADD: +2.00

IOP'S: 18 OD Applanation
17 OS

TIME 1205

Dilation: OU Time: 1205

DFE:
PostPole: normal - NO BDR NOTED - OU

C/D'S: OD .35

OS .35

MAC/FOV: normal

PERIPHERY: normal

ANT SEGMENT:

L+L: normal

C+S: W&Q

K: clear

A/C: D&Q 4+

I: normal

L: clear

ASSESSMENT:
1. NO DM RETINOPATHY - OU
2. EMMETROPIA / PRESBYOPIA

PLAN:
1. MR W +2.00 ADD - S-V NEAR RX GIVEN
2. RECHECK X 2 YRS

/es/ FREDERICK MEYER, O.D.

STAFF OPTOMETRIST
Signed: 01/14/2009 21:20

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: DEC 18, 2008@12:51 ENTRY DATE: DEC 18, 2008@12:52:01
AUTHOR: KRAMER,THEODORE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 13,1955

F/U : Obstructed right ear.

Active issues :
Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	
KRAMER,THEODORE		
2. PTSD	04/03/07	KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma		
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	
HOOVER,DOROTHEA		
4. HTN * (ICD-9-CM 401.9)	02/13/04	
HOOVER,DOROTHEA		
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA
J		
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	
HOOVER,DOROTHEA		

Meds :
Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK AVIVA (GLUCOSE) TEST STRIP USE STRIP AS DIRECTED TWO TO THREE TIMES A WEEK - TO TEST BLOOD SUGAR.	ACTIVE
2)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
3)	GLIPIZIDE 10MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO A MEAL	ACTIVE
4)	HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN INSTILL 4 DROPS IN OTIC FOUR TIMES A DAY -FOR INFECTION.	ACTIVE
5)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE

(MALLINKRODT BRAND ONLY)
6) KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300. ISSUED DURING CLASS — ACTIVE
7) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE — ACTIVE
8) METFORMIN HCL 1000MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES. — ACTIVE
9) SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN — ACTIVE

Allergies : Patient has answered NKA

Interval History :

O/E:Two week history of right ear obstruction.

Impression: Cerumen Impaction, righr ear.

Plan:1.Irrigation carried out. 2.Start Cortisporin Otic solution Gtts.3 BID.

/es/ Theodore Kramer MD
Otolaryngology
Signed: 12/18/2008 13:14

LOCAL TITLE: ENT History &Physical (Surg)
STANDARD TITLE: OTOLARYNGOLOGY H & P NOTE
DATE OF NOTE: NOV 19, 2008@15:31 ENTRY DATE: NOV 19, 2008@15:31:44
AUTHOR: PHAM,NGUYEN EXP COSIGNER: TATE,JAMES
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 13,1955

I.D.:

Chief Complaint: nasal obstruction

PMHx:
Computerized Problem List is the source for the following:

1. Impacted Cerumen 10/17/08 KRAMER,THEODORE
2. PTSD 04/03/07 KOCH,EDWARD

Non Combat Type, 2/2 prolonged childhood trauma

3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Meds:
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) CIPROFLOXACIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 12 HOURS FOR 10 DAYS FOR INFECTION	ACTIVE
2) HC1%/NEOMYCIN 3.5MG/POLYM OTIC SOLN INSTILL 4 DROPS IN OTIC FOUR TIMES A DAY -FOR INFECTION.	ACTIVE
3) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE
4) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
5) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE

Allergies: Patient has answered NKA

Habits: Smoking denies
Alcohol denies
Other denies drug use
works on flooring, + noxious agents

Family Hx: NC

ROS:
No headaches, nasal discharge, visual difficulties
No chest pain, dyspnea, PND, orthopnea
No nausea, vomiting, diarrhea, dysphagia or odynophagia
No abd pain or cramping
No dysuria, hematuria, melena, or hematochezia
No rash or itching
No numbness, tingling burning in the feet or hands
No fevers, chills or sweats.

H.P.I.:

52 yo male with hx of trauma from fighting to nose several years ago. under went septorhinoplasty with auricular cartilage in 2004. pt states never had improvement after surgery.

O/E:

Eyes: PERLA

Ears: Rt TM : N
Lt TM : N
External Auditory Canals : N

Nasal exam:
defect caudal to nasal bones consistent with inverted V deformity
poor tip support -- floppy upon palpation
septum maligned contributing to bilateral external valve obstruction.
minimal air flow though bilateral nares
thick nasal soft tissue

Oral Cavity :
Teeth : good dentition
Floor of Mouth : No lesions seen
Tongue : No lesions seen
Palate : No lesions seen
Buccal Mucosa : No lesions seen
Lips : No lesions seen

Oropharynx :
Tonsils : N
Posterior pharyngeal wall : N
Bimanual palpation of tongue base

Neck : No palpable masses or adenopathy
Normal sized thyroid without palpable nodules

Heart: RRR

Lungs: CTA B/L

Impression:

52 y/o status post prior nasal reconstruction with continued obstruction. Consented for revision septorhinoplasty with costal cartilage graft.

Plan:

R/B/A to surgery discussed, consent signed and in the chart. Risks discussed include bleeding, infection, poor wound healing, risks of anesthesia, myocardial infarct, stroke, death, poor cosmetic results, pneumothorax.

He will sent for preop CXR, EKG, chem panel, CBC

/es/ Nguyen Pham, MD
ENT Resident, PGY3
Signed: 11/19/2008 15:59

/es/ James Tate, M.D.
Facial Plastic Surgery (Contractor)
Cosigned: 12/17/2008 09:17

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: NOV 03, 2008@12:20 ENTRY DATE: NOV 03, 2008@12:20:18
AUTHOR: KRAMER,THEODORE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 13,1955

F/U :

Active issues : Resolving right external otitis externa.
Computerized Problem List is the source for the following:

1. Impacted Cerumen 10/17/08
KRAMER,THEODORE
2. PTSD 04/03/07 KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma
3. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA
J
6. Diabetes * (ICD-9-CM 250.00) 11/03/03
HOOVER,DOROTHEA

Meds :
Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	CARBAMIDE PEROXIDE 6.5% OTIC SOLN INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY - FOR EAR WAX.	ACTIVE
2)	CIPROFLOXACIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH	ACTIVE

EVERY 12 HOURS FOR 10 DAYS FOR INFECTION

3) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY) — ACTIVE (S)

4) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE — ACTIVE

5) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES. — ACTIVE

6) SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN — ACTIVE

Allergies : Patient has answered NKA

Interval History : Right ear has resolved, no further pain or tenderness.

O/E:

Impression: resolving right external otitis.

Plan:Cintince Cortisporin Otic Drops for One more week.

/es/ Theodore Kramer MD
Otolaryngology
Signed: 11/03/2008 12:23

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: OCT 29, 2008@13:34 ENTRY DATE: OCT 29, 2008@13:35:03
AUTHOR: KRAMER,THEODORE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 13,1955

F/U : Acute right Stenotic External Otitis.

Active issues :
Computerized Problem List is the source for the following:

1. Impacted Cerumen 10/17/08
KRAMER,THEODORE
2. PTSD 04/03/07 KOCH,EDWARD

Non Combat Type, 2/2 prolonged childhood trauma
3. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00) 11/03/03
HOOVER,DOROTHEA

Meds :
Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	CARBAMIDE PEROXIDE 6.5% OTIC SOLN INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY - FOR EAR WAX.	ACTIVE
2)	CIPROFLOXACIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 12 HOURS FOR 10 DAYS FOR INFECTION	ACTIVE
3)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE (S)
4)	LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
5)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
6)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
7)	SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE

Allergies : Patient has answered NKA

Interval History : Patient seen & treated in the ER Oct 27,2008 for an Acute Right External Otitis. A Pope Ear Wick was inserted. Patient started on Cipro BID & Cortisporin Otic Ddops QID. Return today to ENT clinic. Wick is changed. Ear remains painful with motion of the Tragus. Urged to continue Cipro & Cortisporin drops.

O/E:

Impression: Acute Right External Otitis.

Plan:1. Continue Cipro BID> 2.Continue Cortisporin Otic Drops QID. 3. Return to ENT Clinic in 4 days for continued care & follow up.

/es/ Theodore Kramer MD
Otolaryngology
Signed: 10/29/2008 13:45

LOCAL TITLE: ENT Consult 15018
STANDARD TITLE: OTOLARYNGOLOGY CONSULT
DATE OF NOTE: OCT 29, 2008@13:20 ENTRY DATE: OCT 29, 2008@13:21:22
AUTHOR: KRAMER,THEODORE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 13,1955

F/U :

Active issues :
Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	KRAMER,THEODORE
2. PTSD	04/03/07	KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma		
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Meds :
Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	CARBAMIDE PEROXIDE 6.5% OTIC SOLN INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY - FOR EAR WAX.	ACTIVE
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3)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE (S)
4)	LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
5)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE	ACTIVE

DAILY FOR BLOOD PRESSURE
6) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES. — ACTIVE
7) SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN — ACTIVE

Allergies : Patient has answered NKA

Interval History :

O/E:

Impression:

Plan:
KRUSKAMP,STEVE L
DEC 13,1955

F/U :

Active issues :
Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	KRAMER,THEODORE
2. PTSD Non Combat Type, 2/2 prolonged childhood trauma	04/03/07	KOCH,EDWARD
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Meds :
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) CARBAMIDE PEROXIDE 6.5% OTIC SOLN INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY - FOR EAR WAX.	ACTIVE
2) CIPROFLOXACIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 12 HOURS FOR 10 DAYS FOR INFECTION	ACTIVE
3) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE (S)

4)	LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
5)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
6)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
7)	SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE

Allergies : Patient has answered NKA

Interval History :

O/E:

Impression:

Plan:
KRUSKAMP,STEVE L
DEC 13,1955

F/U :

Active issues :
Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	KRAMER,THEODORE
2. PTSD Non Combat Type, 2/2 prolonged childhood trauma	04/03/07	KOCH,EDWARD
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Meds :
Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	CARBAMIDE PEROXIDE 6.5% OTIC SOLN INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY - FOR EAR WAX.	ACTIVE
2)	CIPROFLOXACIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH EVERY 12 HOURS FOR 10 DAYS FOR INFECTION	ACTIVE

3)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE (S)
4)	LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
5)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
6)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
7)	SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE

Allergies : Patient has answered NKA

Interval History :

O/E:

Impression:

Plan:

/es/ Theodore Kramer MD
Otolaryngology
Signed: 10/29/2008 14:38

LOCAL TITLE: Emergency Dept Clinical Decision Protocol
STANDARD TITLE: EMERGENCY DEPT NOTE
DATE OF NOTE: OCT 27, 2008@23:06 ENTRY DATE: OCT 28, 2008@23:06:58
AUTHOR: MCCOMAS,VICTORIA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Per order of the ED medical provider, this veteran has been placed on the decision protocol for the following reasons.

prolonged treatment plan

/es/ Victoria McComas
Summer Student
Signed: 10/28/2008 23:07
LOCAL TITLE: Emergency Dept Clinician Note

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: OCT 27, 2008@12:33 ENTRY DATE: OCT 27, 2008@12:33:16
AUTHOR: DAVIS,MARCIA J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT / REASON FOR VISIT:

Chief Complaint:
Pt with severe right ear pain.

HISTORY OF PRESENT ILLNESS: Pt had both ears irrigated on Friday by ENT. On Saturday, patient
started to experience right ear pain that has worsened over the last few days. Has DM and has chills, fevers and sweats. Feels "terrible". Feels weak, dizzy and lightheaded.

REVIEW OF SYSTEMS:

GENERAL: Review of systems all negative except for HPI
PROBLEMS / PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Impacted Cerumen 10/17/08
KRAMER,THEODORE
2. PTSD 04/03/07 KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma
3. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00) 11/03/03
HOOVER,DOROTHEA
ALLERGIES:Patient has answered NKA

MEDICATIONS:

Medication Reconciliation performed Yes
Enter any new OTC or non VA medications if applicable:

Computer is the source for the following medication list:

HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER

DAY. (MALLINKRODT BRAND ONLY)
CARBAMIDE PEROXIDE 6.5% OTIC SOLN Sig: INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY - FOR EAR WAX.
LISINOPRIL 5MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE
METFORMIN HCL 500MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.
LIDOCAINE 5% OINT Sig: APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE
SIMVASTATIN 80MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN
GENERAL:
Abnormal findings:
Pt with extrememe pain in the right ear. Some ?? swelling and redness of the right facial region. Whole right canal is swollen and closed
VITALS: P: 92 (10/27/2008 10:07); BP: 159/87 (10/27/2008 10:07); RR: 18 (10/27/2008 10:07); T: 97.5 F [36.4 C] (10/27/2008 10:07);
Pulse ox: Measurement DT POx
(L/MIN)(%)
10/27/2008 10:07 97
11/02/2007 17:05 97

CHEST:
Lungs clear. Air-entry equal and bilateral. No crackles or rhonchi.
CARDIAC EXAM:
S1, S2 are heard, normal. There is no rub, gallop or murmur.

Attemped IV line and patient became very diaphoretic and shakey. BP sys 97.

Sugar is 267.

No elevation of the WBC.

Pt had blood cultures done and then Cipro 400mg IVPB given.
Pt had IVP Dilaudid 1mg x 2 doses and Phenergan 12.5 mg IVP.

Pt received 1 liter of IVF

ASSESSMENT:

1.Pt to the ED with right malignant otitis externa.

PLAN:

Pt will be given Cipro 500mg po bid for 10 days.
To use his Vicodin as he has at home.
Discussed with ENT. Small wick placed in the ear and cortisporin placed.
ENT wishes to see patient back in 24-48 hours.

Patient advised to call for any concerns, questions or symptoms.
Return to Urgi Center if sypmtoms worsen.
Treatment and plan discussed and agreed upon with the patient.
Condition on Discharge:Satisfactory
Disposition:
Discharged home with family or significant other.

/es/ MARCIA J. DAVIS, MD
EMERGENCY DEPARTMENT PHYSICIAN
Signed: 10/27/2008 18:24

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: OCT 24, 2008@09:39 ENTRY DATE: OCT 24, 2008@09:39:40
AUTHOR: KRAMER,THEODORE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 3,1955

F/U : Returns for irrigation of left ear following use of Debrox for Cerumen impaction.

Active issues :
Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	KRAMER,THEODORE
2. PTSD	04/03/07	KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma		
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Meds :
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) CARBAMIDE PEROXIDE 6.5% OTIC SOLN INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY - FOR EAR WAX.	ACTIVE
2) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE (S)
3) LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
4) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
5) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
6) SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE

Allergies : Patient has answered NKA

Interval History :

O/E:

Impression: Residual soft Cerumen in left EAC>

Plan: Direct irrigation and suction aspiration carried out with impovement in patients hearing.Return to ENT PRN.

/es/ Theodore Kramer MD
Otolaryngology
Signed: 10/24/2008 09:44

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: OCT 20, 2008@16:52 ENTRY DATE: OCT 20, 2008@16:52:31
AUTHOR: PHAM,NGUYEN EXP COSIGNER: HORGAN,EDWIN
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 3,1955

F/U : 52 y/o with sensation of obstruction in bilateral ear canals. Started on

ear drops.

Active issues :
Computerized Problem List is the source for the following:

1. Impacted Cerumen	10/17/08	KRAMER,THEODORE
2. PTSD	04/03/07	KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma		
3. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
4. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
5. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
6. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Meds :
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) CARBAMIDE PEROXIDE 6.5% OTIC SOLN INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY - FOR EAR WAX.	ACTIVE
2) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE (S)
3) LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
4) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
5) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
6) SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE

Allergies : Patient has answered NKA

Interval History : reports ears continue to feel "full" bilaterally. Has used the drops as prescribed.

Additionally, he reports having severe nasal obstruction. He was assaulted approximately 3-4 years ago, and has undergone a nasal reconstructive procedure. However he continues to have anosmia and bilateral nasal obstruction slightly worse on the right than on the left.

Has undergone prior nasal reconstruction with auricular cartilage graft.

O/E:
Binocular micrsoscopy: right EAC slightly erythematous. Small amount of purulent material in EAC
left eac: no cerumen, TM intact, possible middle ear effusion.

Nasal exam:
defect caudal to nasal bones consistent with inverted V deformity
poor tip support -- floppy upon palpation
septum maligned contributing to bilateral external valve obstruction.
minimal air flow though bilateral nares
thick nasal soft tissue

Impression:

52 y/o with cerumen impaction and likely left middle ear effusion. Additionally has nasal obstruction due to deviated septum and poor tip support status post assault.

1. continue ear drops, follow up friday for further evaluation

2. nasal reconstruction with costal cartilage versus cortical bone graft were discussed. Patient is interested in surgery and will contact clinic in the near future if he wishes to go through with surgical repair.

Plan:

/es/ Nguyen Pham, MD
ENT Resident, PGY3
Signed: 10/20/2008 17:18

/es/ EDWIN HORGAN, M.D.
STAFF OTOLARYNGOLOGIST
Cosigned: 10/21/2008 09:56

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: OCT 17, 2008@15:02 ENTRY DATE: OCT 17, 2008@15:03:01
AUTHOR: KRAMER,THEODORE EXP COSIGNER:
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 3,1955

F/U : Tinnitus

Active issues : Blocked ear, Cerumen impaction.
Computerized Problem List is the source for the following:

1. PTSD Non Combat Type, 2/2 prolonged childhood trauma	04/03/07	KOCH,EDWARD
2. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
3. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
4. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
5. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Meds :
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. (MALLINKRODT BRAND ONLY)	ACTIVE
2) LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
3) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
4) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
5) SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE

Pending Outpatient Medications	Status
1) CARBAMIDE PEROXIDE 6.5% OTIC SOLN INSTILL 4 DROPS IN LEFT EAR THREE TIMES A DAY - FOR EAR WAX.	PENDING

6 Total Medications

Allergies : Patient has answered NKA

Interval History : Sudden Hearing loss due to Q-tip manipulation of ear by patient with resulting hearing loss.

O/E:

Impression: Bilateral Cerumen Impaction

Plan: Started on Debrox Otic Drops for one week, return one week for extraction/irrigation.

Attempted extraction & irrigation today with moderate success only.

/es/ Theodore Kramer MD
Otolaryngology
Signed: 10/17/2008 15:13

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: JUN 18, 2008@10:16 ENTRY DATE: JUN 18, 2008@10:17:15
AUTHOR: BRUNS,MARTHA EXP COSIGNER: PATEL,KRISHNA
URGENCY: STATUS: COMPLETED

Patient cancelled his June 24 surgery with ENT. Patient stated that he had "a lot going on right now" and needed to wait until January to do this surgery. It was explained to the patient that he needs to be scheduled to see an ENT doctor towards the end of this year so he can be re-evaluated and scheduled for surgery for next January. Patient stated understanding.

/es/ Martha Bruns, LVN

Signed: 06/18/2008 10:18

/es/ Krishna Patel MD
Plastic Surgeon
Cosigned: 06/24/2008 16:16

Receipt Acknowledged By:
06/18/2008 10:52 /es/ Shervin Aminpour MD
Otolaryngology Resident, PGY3
06/23/2008 17:46 /es/ TRAVIS T. TOLLEFSON, M.D.
Staff Otolaryngologist

LOCAL TITLE: C&P Examination 16255
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: MAY 05, 2008@15:00 ENTRY DATE: MAY 07, 2008@11:44:19
AUTHOR: BRESOLIN,JOEL PAUL EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: 207925

*** C&P Examination 16255 Has ADDENDA ***

This is a compensation and pension examination with reference number 207925.

This is a joints and spine examination for increase of current service connected percentage rating. The veteran served in the Navy from 07/22/74 to 11/10/75. He is a patient of Dr. Fisher at the VA Medical Center. He is married and lives in Carmichael. He works; he is self-employed as a flooring installer mostly doing wood and linoleum after he stopped laying carpets because of a knee condition. He works currently full time and has his son as an employee. The veteran has a C file, which is reviewed indicating a prior to service, 1973, right meniscectomy that was evaluated on entrance and found to be asymptomatic and it was aggravated in basic training and his military service over the months of his service in the Navy. He was admitted to the U.S. Navy Hospital San Diego with a diagnosis of bilateral chondromalacia status post meniscectomy and it was noted he had some lateral collateral ligament instability on the right knee at that time. He developed pain and swelling and giving out in boot camp and he was medically boarded out of the Navy because of right knee weakness. His 2004 MRI shows advanced ligament disease, osteoarthritis, and meniscus degeneration on the right. The left has osteoarthritis on the most recent x-ray. His knees are painful daily, the right more than the left. The right side is a level 4-5 and the left is a 3-4 with normal activities, however, if he does squatting, kneeling, or the pain goes to a higher level and reports having a flare up at least weekly to a level 10, lasting for several days. The other things that make his knees hurt are carrying over 50 pounds and he reports that he routinely carries his 75 pound roller when installing tile, which flattens out the tiles after install nation. He also sometimes climbs ladders and stairs during his flooring installation jobs. He feels that the right knee is weak and has a feeling of giving out and he does wear a brace on it about once a month and he uses a cane if he anticipates walking more than a quarter mile but rarely uses a cane. He usually just works every day. He takes six Vicodin a day for pain. He has stopped running because of pain and he feels his work is slower because he has symptoms of pain at work and he has to be careful on ladders and stairs because the right knee feels like it is going to give out at times and gets fatigued. He is not able to bend the right knee as much as the left and notes that he has calloses on the left foot and knee and not on the right because he favors the left and he had to stop doing carpet jobs because it entails use of the knee to install the carpet. He has physical limitations at his job and he has some daily pain, at least at a level 2 to 3 associated with squatting, bending, and usual motions that are required to install flooring. He works with his son who does some of the heavier job. He has restriction of running and does not do any

impact sports because of knee pain. He states that he has had low to mid back pain for about a year. He does not have any history of motor vehicle accidents or job injuries. He rates his back pain on a daily basis up to intermittently up to a level 4 to 5 although he has flare ups monthly that last for two weeks going to a level 10. It does not radiate down the legs. He feels muscle spasms in the low back related to lifting, sometimes sleeping and he says that walking helps alleviate it and he does not feel limited in walking except for his knee joints. He is taking Vicodin every day for pain. He has worn a brace on his back at work and rarely uses a cane. He is working slowly because of his back pain and his son helps him work. He has pain with lifting and repetitive bending. It is hard for him to get up from a crouching position and he reports that his daily activities he states that he does not clean out his work van all the time because of the back pain. He has not had an incapacitating episode of low back pain within the last 12 months and because of his back pain he avoids any more bending or repetitive squatting than he has to do at work so he avoids sports activities.

PHYSICAL EXAMINATION: Mr. Kruskamp is a 52-year-old white male veteran who is slightly overweight who appears his stated age. He is alert, oriented, and cooperative. He is ambulating with an antalgic gait favoring the right knee. He weighs 224 pounds; he is 73 inches tall, right hand dominant with a blood pressure of 133/80 and a heart rate of 76. The spine is palpated and tender in the lumbar spine, normal spinal curvatures. Flexion of the spine 90 degrees without complaint of pain, repeated three times deluca factor is 0 degrees. Extension is painful at 5 degrees, repeated three times deluca factor is 0 degrees. Rotation is painful at 50 degrees bilaterally, repeated three times deluca factor is 0 degrees. Lateral bending is 30 degrees bilaterally without pain, repeated three times deluca factor is 0 degrees. Straight leg raising or hip flexion with the knee extended is 90 degrees bilaterally without pain. The only pain he has on a straight leg-raising test bilateral is in the hamstrings, not in the back. Hip flexion with the knees flexed is 110 degrees bilaterally without pain. External rotation of the hips is 45 degrees bilaterally without pain, internal rotation of the hips is 30 degrees bilaterally without pain. Abduction of the hips is 45 degrees bilaterally without pain and adduction of the hips is 30 degrees bilaterally without pain. He has normal strength of plantar flexion and dorsiflexion tested against resistance. He does have some noted atrophy in the right leg as follows. The right thigh circumference is 47 centimeters, in the left the thigh circumference is 49 centimeters. Calf circumference on the right is 39-1/2 centimeters; on the left is 40 centimeters. He has a positive apprehension test on the right knee and the knees are otherwise nontender. The valgus and varus stress of the knees there is a 10-degree laxity on varus stress of the right knee indicating a lateral collateral ligament laxity of 10 degrees. On the left knee

there is no ligament laxity to valgus and varus stress. There is no swelling of the knees. The right extends to 0 degrees without pain repeated three times deluca factor is 0. The left knee hyperextends to about 15 degrees without pain, repeated three times deluca factor is 0 degrees. The right knee flexes to 120 degrees with pain, that is repeated three times the deluca factor 0 degrees. The left knee flexes to 135 degrees with mild pain, repeated three times deluca factor is 0 degrees. McMurray test is positive on the right knee and negative on the left knee. Drawer test is negative bilaterally. Lachman test is negative. The anterior posterior ligaments appear to be intact. The lateral ligament on the right knee is lax and slightly unstable. Of note there is callus formation on the left knee and the dorsum of the left foot from floor work and those calloses are absent from the right leg. He has normal shoe wear on inspection of the shoes and he is observed to walk with an antalgic gait favoring the right leg.

DIAGNOSES:
1. Degeneration of meniscus and ligament of the right knee with osteoarthritis of the right knee, seen on x-ray. On magnetic resonance imaging from 2004 there is advanced ligament degeneration and meniscus degeneration and osteoarthritis.
2. Left knee strain, unremarkable x-ray.
3. Lumbar strain at least as likely as not relate to bilateral knee conditions. There are several factors contributing to the symptoms in the spine, specifically the veteran routinely carries tiles and wood flooring products from his van into the application site and he states that he tries to balance these loads bilaterally and the job strain is seen to contribute to the back but it is within the context of the preexisting right knee ligament laxity and advanced degenerative joint disease so it is excepted that there is some redistribution of biomechanics contributing to the back strain due to the knees.
KNEE 3 VIEWS

Exm Date: MAY 05, 2008@15:52
Req Phys: BRESOLIN,JOEL PAUL
Pat Loc: NSAC ANC C&P BRESOLIN (Req'g L
Img Loc: MCCLELLAN RADIOLOGY
Service: Unknown

(Case 548 COMPLETE) KNEE 3 VIEWS (RAD Detailed) CPT:73562
Proc Modifiers : LEFT
Reason for Study: see clinical history

Clinical History:
adv degeneration, internal derang

Report Status: Verified Date Reported: MAY 06, 2008

Date Verified: MAY 06, 2008

Verifier E-Sig:/ES/William Boyd, MD

Report:
Right knee moderate to severe DJD compartment mild DJD medial compartment. good alignment and mineralization. Patellofemoral compartment appears normal. 2 calcifications present in the popliteals space. These were present on previous study. Left knee no detectable abnormality.

Impression:
DJD right knee worse lateral compartment. Finding slightly worse than previous study

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
William Boyd, MD, Radiologist (Verifier)
/WB

Dictated: 05/05/08
Transcribed: 05/06/08
Job Number: 2838406
LAC/PSI
$END

/es/ JOEL PAUL BRESOLIN, FNP
Nurse Practitioner/ Emergency Dept.
Signed: 05/09/2008 13:44

05/09/2008 ADDENDUM STATUS: COMPLETED
Revise Dx. #3. to reflect DDD/DJD of spine as indicated on x-ray.

SPINE LUMBOSACRAL MIN 2 VIEWS

Exm Date: MAY 05, 2008@15:52
Req Phys: BRESOLIN,JOEL PAUL
Pat Loc: NSAC ANC C&P BRESOLIN (Req'g L
Img Loc: MCCLELLAN RADIOLOGY
Service: Unknown

(Case 544 COMPLETE) SPINE LUMBOSACRAL MIN 2 VIEWS (RAD Detailed) CPT:72100
Reason for Study: C&P claim

Clinical History:
cond claimed secondary to bilat knees

Report Status: Verified

Date Reported: MAY 06, 2008
Date Verified: MAY 06, 2008

Verifier E-Sig:/ES/STANLEY B. REICH, MD

Report:
Three views of the lumbar spine

L5 is slightly forward on S1 and there is a suggestion of a laminar defect at this level. There is slight scoliosis, convex to the right, in the lower lumbar region. There is mild spurring at L3/4/5/S1. The sacroiliac joints are clear. No other significant finding revealed.

Impression:
Probable spondylolysis and spondylolisthesis L5-S1. Recommend oblique films for further analysis. DDD lower lumbar region. No other significant finding.

Primary Diagnostic Code: ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
STANLEY B. REICH, MD, STAFF RADIOLOGIST (Verifier)
/2020S

Select an imaging exam...

==========

KNEE 3 VIEWS

Exm Date: MAY 05, 2008@15:52
Req Phys: BRESOLIN,JOEL PAUL

Pat Loc: NSAC ANC C&P BRESOLIN (Req'g L
Img Loc: MCCLELLAN RADIOLOGY
Service: Unknown

(Case 546 COMPLETE) KNEE 3 VIEWS (RAD Detailed) CPT:73562
Proc Modifiers : BILATERAL EXAM
Reason for Study: C&P claim

Clinical History:
adv degeneration, internal derang

Report Status: Verified Date Reported: MAY 09, 2008
Date Verified: MAY 09, 2008

Verifier E-Sig:/ES/William Boyd, MD

Report:
Right knee moderate to severe DJD compartment mild DJD medial compartment. good alignment and mineralization. Patellofemoral compartment appears normal. 2 calcifications present in the popliteals space. These were present on previous study. Left knee no detectable abnormality.

Impression:
DJD right knee worse lateral compartment. Finding slightly worse than previous study

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
William Boyd, MD, Radiologist (Verifier)
/WB

/es/ JOEL PAUL BRESOLIN, FNP
Nurse Practitioner/ Emergency Dept.
Signed: 05/09/2008 16:18

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: APR 15, 2008@17:14 ENTRY DATE: APR 15, 2008@17:14:56
AUTHOR: PATEL,KRISHNA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 3,1955

I.D.:

Chief Complaint: nasal obstruction

PMHx:
Computerized Problem List is the source for the following:

1. PTSD 04/03/07 KOCH,EDWARD

Non Combat Type, 2/2 prolonged childhood trauma
2. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
HOOVER,DOROTHEA
3. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
4. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA
J
5. Diabetes * (ICD-9-CM 250.00) 11/03/03
HOOVER,DOROTHEA

Meds:
Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
2)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO A MEAL	ACTIVE
3)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
4)	LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
5)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
6)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
7)	SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE
8)	VARDENAFIL HCL 20MG TAB TAKE ONE TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY	ACTIVE

Allergies: Patient has answered NKA

Habits: Smoking denies
Alcohol denies
Other denies drug use
works on flooring, + noxious agents

Family Hx:
NA

ROS:
No headaches, nasal discharge, visual difficulties
No chest pain, dyspnea, PND, orthopnea

No nausea, vomiting, diarrhea, dysphagia or odynophagia
No abd pain or cramping
No dysuria, hematuria, melena, or hematochezia
No rash or itching

H.P.I.:
52 yo male with hx of trauma from fighting to nose several years ago. under went septorhinoplasty with auricular cartilage in 2004. pt states never had improvement after surgery. he waited and still did not improve. he is interested in further surgery. No sinusitis, not able to smell unless holding up his nose.
I tried to read op note, not able to access it.
PMH sig for DM, pt states he is well controlled. he does take vicodin reagularly for his left leg (atrophy?).
since last visit patient has thought about the procedure and still would like to proceed. he understands that there can be significant pain from the rib graft and nose postop.

O/E:
BP improved from last ime 133/80

Eyes: PERLA

Nose: Septum : + deviation significant to the Right
Turbinates : boggy
No polyps or lesions seen
Dorsum- significant stepoff and collapse of the middle and lower third (saddle nose). weak tip with no support. thick nasal skin bulbous tip. breathes better with lifting the tip.
nasal bones in good position and stable. caudel manuever does improve breathing. when palpating the spetum, not palpable cartilage in anterior 2 cm- likely contributing to the collapse.

Oral Cavity :
Teeth : bonded teeth
Floor of Mouth : No lesions seen
Tongue : No lesions seen
Palate : No lesions seen
Buccal Mucosa : No lesions seen
Lips : No lesions seen

Oropharynx :
Tonsils : none
Posterior pharyngeal wall : N

Neck : No palpable masses or adenopathy
Normal sized thyroid without palpable nodules

Endoscopy : Performed following adequate nasal topical anesthesia and decongestion with 2% lidocaine and phenylephrine.

Pt tolerated better than last time
Nose: bowing of septum R>L. tight nasal passage way bilaterally
Nasopharynx : N
Oropharynx : N

Impression:
Nasal dorsal collapse in the setting of old trauma. already underwent septorhin with auricular cartilage graft with minimal sucess.
pt would best be served with a rib graft. he would need both a dorsal and collumellar strut.
i explained that the pain is very severe in the recovery of the rib and he would have to be prepared for this. I also told him he would have to abstain from any asa, maintatin strict control of his DM.
pt understands that surgery has risks and he is willing to proceed.
scheduled for septorhino revision with rib graft on 6/24 and preop 6/17. will take photos on 6/17.

/es/ Krishna Patel MD
Plastic Surgeon
Signed: 04/15/2008 17:21

LOCAL TITLE: ENT History &Physical (Surg)
STANDARD TITLE: OTOLARYNGOLOGY H & P NOTE
DATE OF NOTE: MAR 04, 2008@17:13 ENTRY DATE: MAR 04, 2008@17:13:22
AUTHOR: PATEL,KRISHNA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
DEC 3,1955

I.D.:

Chief Complaint: nasal obstruction

PMHx:
Computerized Problem List is the source for the following:

1. PTSD 04/03/07 KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma
2. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
HOOVER,DOROTHEA
3. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
4. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA
J
5. Diabetes * (ICD-9-CM 250.00) 11/03/03
HOOVER,DOROTHEA

Meds:
Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
2)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO A MEAL	ACTIVE
3)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
4)	LIDOCAINE 5% OINT APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE	ACTIVE
5)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD PRESSURE	ACTIVE
6)	METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES.	ACTIVE
7)	SIMVASTATIN 80MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN	ACTIVE
8)	VARDENAFIL HCL 20MG TAB TAKE ONE TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY	ACTIVE

Allergies: Patient has answered NKA

Habits: Smoking denies
Alcohol denies
Other denies drug use
works on flooring, + noxious agents

Family Hx:
NA

ROS:
No headaches, nasal discharge, visual difficulties

No chest pain, dyspnea, PND, orthopnea
No nausea, vomiting, diarrhea, dysphagia or odynophagia
No abd pain or cramping
No dysuria, hematuria, melena, or hematochezia
No rash or itching

H.P.I.:
52 yo male with hx of trauma from fighting to nose several years ago. under went septorhinoplasty with auricular cartilage in 2004. pt states never had improvement after surgery. he waited and still did not improve. he is interested in further surgery. No sinusitis, not able to smell unless holding up his nose.
I tried to read op note, not able to access it.
PMH sig for DM, pt states he is well controlled. he does take vicodin reagularly for his left leg (atrophy?).

O/E:

Eyes: PERLA

Ears: Rt TM : cerumen not seen
Lt TM : cerumen not seen
External Auditory Canals : N
hearing grossly intact

Nose: Septum : + deviation significant to the Right
Turbinates : boggy
No polyps or lesions seen
Dorsum- significant stepoff and collapse of the middle and lower third (saddle nose). weak tip with no support. thinck nasal skin bulbous tip. breathes better with lifting the tip.

Oral Cavity :
Teeth : bonded teeth
Floor of Mouth : No lesions seen
Tongue : No lesions seen
Palate : No lesions seen
Buccal Mucosa : No lesions seen
Lips : No lesions seen

Oropharynx :
Tonsils : none
Posterior pharyngeal wall : N

Neck : No palpable masses or adenopathy

Normal sized thyroid without palpable nodules

Endoscopy : Performed following adequate nasal topical anesthesia and decongestion with 2% lidocaine and phenylephrine.

Pt did not tolerate well.
Nose: bowing of septum R>L. tight nasal passage way
Nasopharynx : N
Oropharynx : N
Hypopharynx : N
Larynx : N

Impression:
Nasal dorsal collapse in the setting of old trauma. already underwent septorhin with auricular cartilage graft with minimal sucess.
pt would best be served with a rib graft. he would need both a dorsal and collumellar strut.
i explained that the pain is very severe in the recovery of the rib and he would have to be prepared for this. I also told him he would have to abstain from any asa, maintatin strict control of his DM. He also had an elevated diastolic BP (initally 100) that I told him would not be compatabile for surgery. the we had his BP reassess before leaving to ensure that it had improved.

pt will think about the surgery and return in 4 weeks to reeval.

/es/ Krishna Patel MD
Plastic Surgeon
Signed: 03/04/2008 17:25

LOCAL TITLE: Primary Care Note 60387
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: NOV 16, 2007@07:20 ENTRY DATE: NOV 16, 2007@07:20:16
AUTHOR: FISHER,CLIFFORD B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

The patient was identified by the with the following methods: Name, DOB, and SSN.

The patient is a 51 year old MALE here to follow up.

CHIEF COMPLAINT / REASON FOR VISIT:

No new c/o, feels well

HISTORY OF PRESENT ILLNESS:

Here to F/U, last seen 8/06, had noted was in URGI 11/2 for forearm abrasion and asked to make annual F/U visit. Has been F/W MHC for PTSD. Says doing ok and has no new c/o. Says pain is well controlled, had stopped taking cholesterol med.

Patient denies bowel changes, CP, cough, HA, SOB, weakness, weight loss

REVIEW OF SYSTEMS:
All other systems were reviewed and were found to be negative.

PAST MEDICAL HISTORY:
Computerized Problem List is the source for the following:

1. PTSD Non Combat Type, 2/2 prolonged childhood trauma	04/03/07	KOCH,EDWARD
2. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
3. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
4. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
5. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

MEDICATIONS:

MEDICATIONS HAVE BEEN RECONCILED---UPDATED LIST IS AS FOLLOWS:
Computer is the source for the following medication list:

SIMVASTATIN 80MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING - FOR CHOLESTEROL. DO NOT TAKE WITH GRAPEFRUIT JUICE. REPLACES LOVASTATIN
VARDENAFIL HCL 20MG TAB Sig: TAKE ONE TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.
LIDOCAINE HCL 5% OINT Sig: APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE
ASPIRIN 81MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL
GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO A MEAL

NON-VA MEDS - NONE FOUND

OVER THE COUNTER: NONE

SUPPLEMENTS: NONE

ALLERGIES:

Patient has answered NKA

PHYSICAL EXAMINATION:

Vitals - most recent
Wt. 224 lb [101.8 kg] (11/16/2007 07:36)
BP 126/66 (11/16/2007 07:36)
HR 62 (11/16/2007 07:36)
Temp 96.5 F [35.8 C] (11/16/2007 07:36)
BMI 29.6
General:
Alert and Oriented X 3
No Apparent Distress
Obese
Head:
Normochepalic
Atramatic
Eyes B/L:
EOMI
PERRLA
Ears:
Hearing grossly intact
Mouth:
mucosa moist
Neck B/L:
No JVD
Chest B/L:
CTA
Heart:
Regular rate
Grossly regular rhythm
Abdomen:
Bowel sounds present
Non-tender
Extremities B/L:
No edema
Neurologic:
No gross motor deficits

LABS: LDL 164(117), A1c 7.4(7), TSH/PSA-, Cr 1.1, LFT-

ASSESSMENT/PLAN: The patient is a 51 year old MALE with:

1. Right knee/leg pain, chronic. Patient is using 1-2 Vicodin TID, doing well.

2. DM. Good control. Added Metformin and needs renewal. Will re-eval control at 3 mo lab F/U

3. HTN. Good control on ACE.

4. Hyperlipidemia. Due for repeat FLP 3 mos. Was off Statin, will restart.

5. PTSD. Has h/o issues suggesting this vs. anxious depression or even bipolar type disease with bad rxn to Paxil in past. Referred to MHC for eval.

5. HCM: Please see clinical reminders below:

ANCILLARY TESTS DONE TODAY: 3 mos FLP/A1C/UA

NEW CONSULTS: NONE

FOLLOW UP: 7 mos

EDUCATION: The patient acknowledges and endorses the care plan delineated above.
**See clinical reminders below for additional educational efforts:

Clinical Reminders:
Influenza vaccine - Oct 07 - Apr 08:
The patient declines to be vaccinated for influenza.
Colorectal Cancer Screening:
Occult blood ordered.
Diabetic Foot Exams:
The patient's foot inspection was normal. No blisters, callus, or ulcers.
The posterior tibialis and dorsalis pedis pulses are normal bilaterally.
LDL >=100 - High Risk Goal <100:
LIPID CONTROL NUTRITION AND EXERCISE EDUCATION
The patient was educated on the following: 1. Reducing fat intake, particularly saturated or trans-fatty acids, is an important part of cholesterol control. 2. Fat intake should be 30% or fewer of total calories consumed. 3. Increasing dietary fiber and consumption of fresh fruits and vegetables is also beneficial.
The patient was educated on the benefits of regular exercise including the benefits of exercise related to wt. loss, improved BP and cholesterol control, cardiovascular fitness, strengthening of muscle and bone and reduced stress.

/es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician
Signed: 11/16/2007 08:11

LOCAL TITLE: Emergency Dept Clinician Note
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: NOV 02, 2007@18:18 ENTRY DATE: NOV 02, 2007@18:18:38
AUTHOR: TAYLOR,J KARL EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT / REASON FOR VISIT:

Chief Complaint:
abrasion to right forearm.

HISTORY OF PRESENT ILLNESS: 51 yo male NIDDM concerned about "square" red area about small burn to right forearm.

REVIEW OF SYSTEMS:

GENERAL: Review of systems all negative except for HPI
SKIN: Redness

PROBLEMS / PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. PTSD 04/03/07 KOCH,EDWARD
Non Combat Type, 2/2 prolonged childhood trauma
2. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
HOOVER,DOROTHEA
3. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
4. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA J
5. Diabetes * (ICD-9-CM 250.00) 11/03/03
HOOVER,DOROTHEA

ALLERGIES:Patient has answered NKA

MEDICATIONS:

Medication Reconciliation performed No
Enter any new OTC or non VA medications if applicable:

Computer is the source for the following medication list:

VARDENAFIL HCL 20MG TAB Sig: TAKE ONE TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER

DAY.
LIDOCAINE HCL 5% OINT Sig: APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED
12 HOURS ON 12 HOURS OFF -FOR FOOT AND KNEE
LOVASTATIN 40MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE.
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 2 TABLETS BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER
DAY.
ASPIRIN 81MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL
GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO A MEAL
LOVASTATIN 20MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE.

  GENERAL:
Comfortable at rest, alert and oriented, VSSAF, NAD
     VITALS: P: 68 (11/02/2007 17:05); BP: 153/85 (11/02/2007 17:05);
        RR: 16 (11/02/2007 17:05); T: 98.6 F [37.0 C] (11/02/2007 17:05);
      Pulse ox: Measurement DT   POx
                    (L/MIN)(%)
11/02/2007 17:05 97
05/31/2006 15:07 97

EXREMITIES:
     small dried (scabbed) wound to volar forearm, rectangular red area c/w recent lg. band-aid.

UC STAY:

   Antibiotic ointment; dT 0.5cc IM (last 1998); labs wnl. (BS 168)

ASSESSMENT:

1.Healing burn, right forearm

2.NIDDM

PLAN:
local care; no more band-aids.

Patient advised to call for any concerns, questions or symptoms.

Return to Urgi Center if sypmtoms worsen.
Treatment and plan discussed and agreed upon with the patient.
Condition on Discharge:Satisfactory
Disposition:
Discharged home with family or significant other.

/es/ J. Karl Taylor, M.D.
EMERGENCY DEPARTMENT PHYSICIAN
Signed: 11/02/2007 18:24

LOCAL TITLE: Podiatry 11310
STANDARD TITLE: PODIATRY NOTE
DATE OF NOTE: APR 20, 2007@09:59 ENTRY DATE: APR 20, 2007@09:59:27
AUTHOR: LAI,ROBERT C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

(070105)

S: Last week, pt used a "heat-gun" on his cold feet, with some redness afterwards, but no damage to his skin. The bump on the dorsum left rearfoot is often irritated because of his work in carpet and tile work. His right great toenail is slightly irritated from a chronic ingrown toenail. He still has numbness of his feet distal to the mid-shaft of all his metatarsals.

O: No erythema dorsum feet bilateral
Slightly blanched skin dorsum feet in several areas, suggestive of skin changes; skin is intact without evidence of damage/erosion
Slightly bruised dorsal-lateral dorsum left foot, in area of neck of the cuboid-talus
Cavus feet bilateral
Slightly incurvated, sharp medial right hallux nail border; other toenails well maintained, a tad too short
See prior notes for additional findings
Neuropathy

A: DM II
Ingrown toenail
Neuropathy

P: Resected offending nail border.
Went over dangers of doing things to feet, i.e., heat-gun. His neuropathy is a serious issue, and he should never subject his feet to practices that could jeopardize his feet. There's just no replacement for missing limbs/members.
RTC 4-6 months

/es/ ROBERT C. LAI, DPM
STAFF PODIATRIST
Signed: 04/20/2007 10:09

LOCAL TITLE: Podiatry 11310
STANDARD TITLE: PODIATRY NOTE
DATE OF NOTE: JAN 05, 2007@11:18 ENTRY DATE: JAN 05, 2007@11:18:25
AUTHOR: LAI,ROBERT C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

(060908)

S: This is a F/U visit for feet. No changes with symptoms since the last visit. Noticed a dark corner medial right great toenail. Had attempted to extract it without success. Not receptive to B-12 injection.

O: Gouged medial right hallux nail with dark-colored fibers, most likely his socks
This area is calloused, with remaining small cavity/void that can easily be filled with the nail plate as it grows distally
All other toenails trimmed too short

A: DM II
Inappropriate nail care

P: Trimmed affected toenails.
Refrain from digging too much around edges of toenails. Once the nail plate is detached from the nail bed, they no longer are capable of re-attaching, causing additional deformation of the nails, and are almost impossible to correct.
RTC 3-5 months

/es/ ROBERT C. LAI, DPM
STAFF PODIATRIST
Signed: 01/05/2007 11:32

LOCAL TITLE: Podiatry:Diabetic Foot 60510
STANDARD TITLE: PODIATRY NOTE
DATE OF NOTE: SEP 08, 2006@11:06 ENTRY DATE: SEP 08, 2006@11:06:13
AUTHOR: LAI,ROBERT C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

(060426)

S: Pt is here for F/U diabetic foot care. Has annoying numbness plantar forefeet bilateral for the past three years. Works with carpet, tile, linoleum, and wondered if his anatomical stance during work (on knees, bending his toes) attributes to symptoms. Pt demonstrated that his

forefeet blanches upon plantar-flexing his toes, and the junction at which he experiences numbness corresponds to where the "blanching" occurs.

O: Well maintained 1-5 toenails (improved from last time)
Normal skin turgor, temp, color
Cavus type feet bilateral
Stocking distribution of "numbness" distal to the metatarsal headds B/L
No calluses, no breaks in the skin
Decrease in sensations to 10gm monofilament (6/10 intact R; 8/10 intact L)

A: DM II
Neuropathy, not likely from occupation/stance

P: Discussion on foot care, diabetic neuropathy.
Offered B-12 injection to sinus tarsi today, which he declined.
There are currently approved research studies through the VA one can tap unto. He'll discuss it with his new attending.
Dietitian referral.
RTC 3-6 months

/es/ ROBERT C. LAI, DPM
STAFF PODIATRIST
Signed: 09/08/2006 13:57

LOCAL TITLE: PM&R Physical Medicine Clinic Consult
STANDARD TITLE: PHYSICAL MEDICINE REHAB CONSULT
DATE OF NOTE: AUG 21, 2006@10:28 ENTRY DATE: AUG 21, 2006@10:28:21
AUTHOR: LEE,JEAN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt is referred by Dr. Dorothea Hoover for evaluation of knee brace.

HPI: Patient is a 50 yr. old MALE who had r knee injury after fell off from 10-12 feet high from a ship in 1970's. He had arthroscopic surgery twice in the past. The most recent MRI of r knee showed severe medial and lateral meniscus torn, ACL torn and partial PCL torn as well, also grade III DJD. Pt does not want to consider cortisone injection nor knee replacement at this point. Pt states he has r knee pain all those years, no swelling, no locking, occasional bulking. He wears neoprene knee sleeves only, never worn knee brace other than that. He is self employed floor person who lay floors all day long with knees keeling on the floor. Pt takes percocet for the knee pain. Never had PT recently.

Also DM, complains numbness in both feet for the past 5-6 years. Recently

walking with 2 nails inside of his shoes without awareness.

PMH: Computerized Problem List is the source for the following:

1. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
2. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
3. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
4. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

PSH: Date of Surgery: 01/29/04
Surgeon: ORISEK,BRIAN S
Operative Proc(s):
septorhinoplasty - RECONSTRUCTION OF NOSE

Date of Surgery: 10/23/03
Surgeon: BAKER,JON M
Operative Proc(s):
DRAINAGE OF RECTAL ABSCESS - DRAINAGE OF RECTAL ABSCESS

Other:

MEDS: Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE (S)
2)	ACETAMINOPHEN 325MG/OXYCODONE 5MG TABS TAKE 1 TABLET BY MOUTH THREE TIMES A DAY FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.. NEXT SCHEDULED DATE IS WEDNESDAY, SEPTEMBER 13, 2006.	ACTIVE
3)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. FOR PAIN	ACTIVE
4)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE (S)
5)	FLUNISOLIDE 25MCG 200D NASAL INH SPRAY SPRAY 1 WHIFF IN EACH NOSTRIL TWICE A DAY FOR NASAL ALLERGY SYMPTOMS.	ACTIVE
6)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE (S)
7)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE (S)

8) LIDOCAINE OINT 5% 1OZ APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF----------FOR FOOT AND KNEE — ACTIVE

9) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE — ACTIVE

10) LOVASTATIN-HT 20MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE. — ACTIVE

11) METFORMIN HCL 500MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES. — ACTIVE

12) VARDENAFIL HCL 20MG TAB TAKE ONE TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY — ACTIVE

13) VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD — ACTIVE

Other:

ALLERGIES: Patient has answered NKA

S

Date	Procedure	CPT	Status	Case #
03/18/2004	MRI KNEE	73721	Verified	2418

1. Advanced meniscal and ligamentous disease with osteoarthritis and a joint effusion. No acute fractures or subluxations are identified however a loose body is seen posterior (which was not mentioned in the body of the report).

Physical Exam:
intrinsic foot muscle atrophy in both feet
slightly hammer toes, high arched feet.
R quadriceps atrophy with r thigh 2 inches smaller than the left.
R knee gross deformity with tibia plateau moved forward in position with femoral condylars.
valgus laxicity
NEG Lockerman's test (tibia already out)
positive McMurray's test
tender to palpate in medial and lateral joint line
MMT: knee extension 3+/5 right, ankle DF/PF 5/5.

Diagnosis:
R knee severe DJD and ACL and meniscus torn
polyneuropathy in feet

PLAN:
consult PT for trial of knee brace, isometric leg muscle strengthening and close kinetic chain leg muscle strengthening program.

will schedule NCS/EMG to r/o polyneuropathy

Pt is interested in diabetes education concerning his feet.

Return to clinic: 4-5 w

/es/ JEAN LEE, MD
PHYSICAL MEDICINE AND REHABILITATION
Signed: 08/22/2006 14:11

LOCAL TITLE: Primary Care New Patient Visit 60295
STANDARD TITLE: PRIMARY CARE INITIAL EVALUATION NOTE
DATE OF NOTE: AUG 16, 2006@07:25 ENTRY DATE: AUG 16, 2006@07:26:01
AUTHOR: FISHER,CLIFFORD B EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care New Patient Visit 60295 Has ADDENDA ***

The patient was identified by the patient with the following methods: stated full name, stated full social security number, stated date of birth

This is a 50 year old MALE here to establish primary care.

CHIEF COMPLAINT / REASON FOR VISIT:

Right leg pain

HISTORY OF PRESENT ILLNESS:

Has had longstanding leg pain for about 30 years since a fall in the Navy and suffered a nerve injury and has had chronic pain ever since. Has seen ORTHO who recommended a TKA but patient has resisted injections and surgery because he wants to be able to continue his flooring work. Pain is intense and worse with activity, dull and occasionally sharp. Also has R wrist pain due to repetetive overuse. Also uses MJ 1-2x a day to assist with pain control. Saw dentist yesterday with a plan for extractions. Patient denies bowel changes, CP, cough, HA, SOB fever, lack of appetite, weight gain, weight loss

REVIEW OF SYSTEMS:

GENERAL: No weight loss, weakness, anorexia, fever, chills, night sweats,

nausea, vomiting
SKIN: No new rashes, no unhealing lesions, no
HEENT: No visual changes,hearing loss,sinus pain,ear or sore throat
RESPIRATORY: No shortness of breath, cough or sputum.
CARDIOVASCULAR: No chest pain or palpitation.
GI: No abdominal pain,bowel changes,diarrhea or constipation
GU: No urinary symptoms.
MUSCULOSKELETAL: No muscle weakness, numbness or tingling or arthralgia
NEURO: No headache, diziness, facial changes, general weakness, balance disturbance, change in gait or sensory changes
PSYCH: Depressed, Anxious
PROBLEMS / PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
2. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
3. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
4. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Past Surgical Hx
R Lat Meniscectomy

SERVICE CONNECTION:S/C Disabilities: KNEE CONDITION 20% SC
S/C Disabilities: LIMITED FLEXION OF KNEE 10% SC
S/C Disabilities: LIMITED FLEXION OF KNEE 10% SC

ALLERGIES AS DISPLAYED IN VISTA: Patient has answered NKA
Patient/family state(s): No new allergies

MEDICATIONS:

Computer is the source for the following medication list:

GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS
KETODIASTIX GLUCOSE KETONE TEST STRIP Sig: USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.
ASPIRIN 81MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL
ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP Sig: USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.
LISINOPRIL 5MG TAB Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE
VITAMIN B COMPLEX/VITAMIN C CAP/TAB Sig: TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD
LOVASTATIN-HT 20MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH

He has a negative family history of arthritis, CAD, cancer, thyroid disease, mental illness.

PHYSICAL EXAMINATION:

Vitals - most recent
BMI: 28.7
Height: 73 in [185.4 cm] (05/31/2006 15:07)
Weight: 217 lb [98.6 kg] (08/16/2006 07:09)
Temp: 96.5 F [35.8 C] (08/16/2006 07:09)
Pulse: 74 (08/16/2006 07:09)
Respirations: 20 (08/16/2006 07:09)
BP: 136/81 (08/16/2006 07:09)
Pain: 8 (08/16/2006 07:09)
General:
Alert and Oriented X 3
No Apparent Distress
Well nourished/developed
Head:
Normochepalic
Atramatic
Eyes B/L:
Sclera anicteric
Conjuctiva nl
EOMI
Ears:
Externally normal
Hearing grossly intact
Tympanic membranes intact
Mouth:
mucosa moist
Throat clear
Neck B/L:
No JVD
No thyromegaly
No lymphadenopathy
Chest B/L:
CTA
No wheezes
No rales
Heart:
Regular rate
Grossly regular rhythm
No murmurs
No S3/S4
Abdomen:
Bowel sounds present

Non-tender
No masses
Extremities B/L:
No clubbing
No cyanosis
No edema
Neurologic:
C.N. II-XII grossly intact
No gross sensory deficits
No gross motor deficits
Right leg with diffuse mild atrophy
LABS/Imaging:

ASSESSMENT: The patient is a 50 year old MALE with

1. Right knee/leg pain, chronic. Patient was using 2 Vicodin TID but was cut off by other VAMD for +tox for THC. Enrolled pt today in narcotic rewrite with Oxy5/APAP 325 and explained need to D/C THC entirely. Explained program and patient understands benefits and responsibilities. Plans to quit MJ 100% and agrees to work with MHC per my request.

2. DM. Good control. Adding Metformin and will re-evaluate. Apprised of possible mild GI sxs with starting. Will re-eval control at 3 mo F/U

3. HTN. Good control on ACE. Will re check BP next visit.

4. Hyperlipidemia. Due for FLP. On Statin.

5. PTSD. Has h/o issues suggesting this vs. anxious depression or even bipolar type disease with bad rxn to Paxil in past. Referred to MHC for eval.

5. HCM: Please see clinical reminders below:

ANCILLARY TESTS DONE TODAY:

NEW CONSULTS:

FOLLOW-UP:

08/16/2006 07:30 SAC MED PC FISHER ACA
08/21/2006 10:00 SAC PM&R LEE
09/08/2006 10:30 SAC SUR PODIATRY
10/11/2006 13:40 SAC SUR UROLOGY PALMQUIST

Clinical Reminders:

Pneumovax:
Patient indicates a history of contraindication pneumovax.
Comment: Does not meet age/risk factor criteria
Colorectal Cancer Screening:
Occult blood ordered.
Lipid Screening (High Risk Pt.):
Lipid panel ordered.

/es/ Clifford B. Fisher, MD
Staff Physician
Signed: 08/16/2006 08:17

11/02/2007 ADDENDUM STATUS: COMPLETED
Please note to patient he is overdue for a F/U appt, been since 8/06. He needs to do fasting labs and schedule a visit by Dec 31 or meds will no longer be refilled.

His Lovastatin is increased to 20MG (1/2 40MG tab).

/es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician
Signed: 11/02/2007 15:48

Receipt Acknowledged By:
11/02/2007 16:21 /es/ Debra Winslow, RN
Case Manager PCC

11/02/2007 ADDENDUM STATUS: COMPLETED
Patient sent to leb. will inform of Dr Fisher's instructions:"Please note to patient he is overdue for a Follow Up appointment, been since 8/06. He needs to do fasting labs and schedule a visit by Dec 31 or meds will no longer be refilled. His Lovastatin is increased to 20MG (1/2 40MG tab)."

/es/ Debra Winslow, RN
Case Manager PCC
Signed: 11/02/2007 16:02

Receipt Acknowledged By:
11/04/2007 20:37 /es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician

11/02/2007 ADDENDUM STATUS: COMPLETED
Patient has not be able to complete FASTING labs as patient just ate. Patient has NOT been taken medications as ordered & patient will return fasting to complete labs & take medications as previously ordered.

/es/ Debra Winslow, RN
Case Manager PCC
Signed: 11/02/2007 16:22

Receipt Acknowledged By:
11/04/2007 20:38 /es/ Clifford B. Fisher, MD
Staff Internal Medicine Physician

LOCAL TITLE: Urgent Care 13135
STANDARD TITLE: URGENT CARE NOTE
DATE OF NOTE: AUG 07, 2006@20:32:44 ENTRY DATE: AUG 07, 2006@20:32:44
AUTHOR: LYNTON,RICHARD EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Urgent Care 13135 Has ADDENDA ***

HISTORY OF PRESENT ILLNESS:

Pt here for refill of his vicodin. Still has pain and needs to work in am. No recent trauma or falls. States went to see PCP but not available see him. Already finished prev supply. Has appts for Dr Hoover and Dr Fisher next week. Needs meds until seen.

REVIEW OF SYSTEMS:

GENERAL: Review of systems all negative except for HPI

PROBLEMS / PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTH
2. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTH
3. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA
4. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTH

ALLERGIES:

Patient has answered NKA

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE (S)
2) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR	ACTIVE

	TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. FOR PAIN	
3)	ALPROSTADIL 250MCG URETHRAL SUPP UNWRAP AND INSERT 1 SUPPOSITORY INTO PENIS AS NEEDED 10 MINUTES PRIOR TO SEXUAL ACTIVITY.	ACTIVE
4)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE (S)
5)	FLUNISOLIDE 25MCG 200D NASAL INH SPRAY SPRAY 1 WHIFF IN EACH NOSTRIL TWICE A DAY FOR NASAL ALLERGY SYMPTOMS.	ACTIVE
6)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE (S)
7)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. NO ALCOHOL----------PICK UP JULY 14	ACTIVE
8)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE (S)
9)	LIDOCAINE OINT 5% 1OZ APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF----------FOR FOOT AND KNEE	ACTIVE
10)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE	ACTIVE (S)
11)	LOVASTATIN-HT 20MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE
12)	VARDENAFIL HCL 20MG TAB TAKE ONE TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY	ACTIVE
13)	VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD	ACTIVE (S)

PHYSICAL EXAM:

GENERAL: Comfortable at rest, alert and oriented, VSSAF, NAD
VITALS: P: 72 (08/07/2006 15:03); BP: 135/69 (08/07/2006 15:03);
RR: 20 (08/07/2006 15:03); T: 96 F [35.6 C] (08/07/2006 15:03);
Pulse ox: Measurement DT POx
(L/MIN)(%)
05/31/2006 15:07 97
01/30/2004 10:11 97

EXREMITIES: There is no pedal edema, clubbing or cyanosis.

ASSESSMENT:
---

1. Foot pain

PLAN:

Given Vicodin #10 from pixis. Pt advised to f/u w/ PCP. s/s suggestive of peripheral neuropathy and may need eval and rx for this.
RTC: PCP
Patient advised to call for any concerns, questions or symptoms.
Return to Urgi Center if symptoms worsen.
Treatment and plan discussed and agreed upon with the patient.

Disposition:
Discharged home with Self / family /
Condition on Discharge:Satisfactory

/es/ RICHARD LYNTON, MD
URGENT CARE PHYSICIAN
Signed: 08/07/2006 20:41

Receipt Acknowledged By:
08/11/2006 19:08 /es/ DOROTHEA HOOVER, M.D.
STAFF INTERNAL MEDICINE
08/08/2006 12:25 /es/ Clifford B. Fisher, MD
Staff Physician

08/08/2006 ADDENDUM STATUS: COMPLETED
Patient a candidate for narcotic rewrite program

/es/ Clifford B. Fisher, MD
Staff Physician
Signed: 08/08/2006 07:42

Receipt Acknowledged By:
08/08/2006 10:34 /es/ CELESTE BUSCH
RN CASE MANAGER

LOCAL TITLE: Optometry Consult 15049
STANDARD TITLE: OPTOMETRY CONSULT
DATE OF NOTE: JUL 26, 2006@14:12 ENTRY DATE: JUL 26, 2006@14:12:23
AUTHOR: OTA,WESLEY T EXP COSIGNER:
URGENCY: STATUS: COMPLETED

50 y.o. Race: WHITE MALE

Chief Complaint: Diabetes exam

SMBG: Frequency - not checking Range:unknown

07/12/2006 HGBA1c 6.50 H

HPI:vision fluctuates sometimes but ok today.

POH:h/o L eye pain: probable ocular surface related
h/o brain tumor in family

Eye Meds:none

Family History:
Family Medical History:
Diabetes: yes mother's side of family
Hypertension: yes dad
CAD: no
Family Eye History:
Cataract: no
Macular Degeneration: no
Glaucoma: no
Retinal detachment: no

Medical History
Computerized Problem List is the source for the following:

1. Hyperlipidemia * (ICD-9-CM 272.4)	09/03/04	HOOVER,DOROTHEA
2. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
3. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
4. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

Medications:
Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status
1) ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE (S)
2) ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. FOR PAIN	ACTIVE
3) ALPROSTADIL 250MCG URETHRAL SUPP UNWRAP AND INSERT 1 SUPPOSITORY INTO PENIS AS NEEDED 10 MINUTES PRIOR TO SEXUAL ACTIVITY.	ACTIVE (S)
4) ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE (S)

5)	FLUNISOLIDE 25MCG 200D NASAL INH SPRAY SPRAY 1 WHIFF IN EACH NOSTRIL TWICE A DAY FOR NASAL ALLERGY SYMPTOMS.	ACTIVE
6)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE (S)
7)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. NO ALCOHOL----------PICK UP JULY 14	ACTIVE
8)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE (S)
9)	LIDOCAINE OINT 5% 1OZ APPLY SMALL AMOUNT TOPICALLY AS DIRECTED AS NEEDED 12 HOURS ON 12 HOURS OFF----------FOR FOOT AND KNEE	ACTIVE
10)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE	ACTIVE (S)
11)	LOVASTATIN-HT 20MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE
12)	VARDENAFIL HCL 20MG TAB TAKE ONE TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY	ACTIVE
13)	VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD	ACTIVE (S)

Allergies:
Patient has answered NKA

Spectacles: SV near
RIGHT +1.50 sph near only
LEFT +1.50 sph

MRX

+050-050x125	OD: 20/20
+025-025x045	OS: 20/20

Final RX: OD:+150DS SV reading
OS:+150DS

VF: FTCF OU
EOM: Full OU
Pupils: 3+ Direct OU -APD

Applanation Tonometry:	OD	OS
JUL 26, 2006	11	11

SLE:	OD	OS
L/L	.clear	.clear
Conj	.quiet	.quiet
K	.clear	.clear
A/C	.deep/quiet	.deep/quiet
Iris	.round/regular	.round/regular
Lens	.cl	.cl

Fundus Examination:

	OD	OS Dilation: PE, Myd Yes:_x__
C/D	0.35	0.3
Macula:	.cl	.cl
Periphery:	.cl	.cl

Impression:
1) Diabetes without diabetic retinopathy
2) Presbyopia

Plan:
1)New reading glasses as back up pair
2)Follow up 2 yrs or prn.

/es/ WESLEY T. OTA, O.D.
Staff Optometrist
Signed: 07/26/2006 16:09

Receipt Acknowledged By:
07/26/2006 16:37 /es/ Allison Cho
Optometry Student

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 12, 2006@12:32 ENTRY DATE: JUL 12, 2006@12:32:24
AUTHOR: HOOVER,DOROTHEA EXP COSIGNER:

URGENCY: STATUS: COMPLETED

*** Primary Care Interim Note Has ADDENDA ***

S

CC c/o foot pain seenj in UC given mortrin and vicodin; not seen by me since '04- HTN: well controlled; no lipids; NIDDM no sugar sheet no glucomter no aic

O

large callus dorsum left foot

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE (S)
2)	ALPROSTADIL 250MCG URETHRAL SUPP UNWRAP AND INSERT 1 SUPPOSITORY INTO PENIS AS NEEDED 10 MINUTES PRIOR TO SEXUAL ACTIVITY.	ACTIVE (S)
3)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE (S)
4)	FLUNISOLIDE 25MCG 200D NASAL INH SPRAY SPRAY 1 WHIFF IN EACH NOSTRIL TWICE A DAY FOR NASAL ALLERGY SYMPTOMS.	ACTIVE
5)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE
6)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 OR 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
7)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE
8)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE	ACTIVE (S)
9)	LOVASTATIN-HT 20MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE (S)
10)	VARDENAFIL HCL 20MG TAB TAKE ONE TABLET BY MOUTH AS DIRECTED ONE HOUR BEFORE SEXUAL ACTIVITY	ACTIVE
11)	VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY	ACTIVE (S)

MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD

I.

1. NIDDM hbaic 7.2; 6.1
2. right knee pain : gives put- mri and ortho pending- active trigger points medial and lateral knee- loose body ligamentous degeenration and effusion seees ortho: not adressed today
3. in past + tox for pot current tox screen + for pot
7. HX of numbness in feet - probable neurapthy doing well on gabapenton: now sts does not like gabapenton
8. HF (GM) of colon ca MTR has polyps- scheduled for colonscope
9. HTN - well controlled
10. SGPT 56 recent liver CT scan normal past hep screen neg is on statin- no recent labs
11. ED
12. HCM: colonscope scehduled; DRE 9'04; declines flu and pneumovax; tetanus tox '99
13. hyperlipidemia: no recent labs
14. P COUNT # 1135
15. not seen since 12'04 until 7'06 wnats vicodin- will have tox screen first
16. left foot pain with large callus

Plan:
1. RTC call october for 1 st available appt
2. Labs: NF labs today
12 Hr fasting labs sept
3. standard instructions re appropriate nutrition and exercise given
4. applicable counselling re tabacco use
5. referrals: keep podiatry appt
left foot film
6. meds renewed
7. RX tylenol and lidocaine ointment

Clinical Reminders:
Influenza vaccine - Oct 05 - Apr 06:
The patient did not receive the influenza vaccine between September 2005 and April 2006.
The patient was educated on the benefits of the influenza vaccine and advised to obtain the vaccine when it becomes available in the fall of 2005.
Sildenafil/Vardenafil Counseling:
The patient was specifically counseled on the possible association of use of PDE inhibitor with NAION (non-arteritic ischemic optic neuropathy), which can lead to permanent blindness. The patient

was instructed to seek medical attention and stop the drug immediately if a sudden loss of vision in one or both eyes occurs.
The patient was counseled that concurrent use of and PDE-I with NITRATES is CONTRAINDICATED. Combined use can lead to profound lowering of blood pressure, which in turn can trigger cardiac events including angina, myocardial infarction, and death.
The patient was counseled to inform other health care providers that they are taking this drug, since alpha-blockers and drugs that inhibit metabolism of PDE-5 Inhibitors may potentiate the hypotensive effects of PDE-5 Inhibitors.
The patient acknowledges that he understands these risks of the medication.

LDL to Monitor Treatment:
Lipid panel ordered.
LDL >=100 - High Risk Goal <100:
No lipid treatment change is needed based on patient's current status.
Comment: no labs since '04
Lipid Screening (High Risk Pt.):
Lipid panel ordered.
Diabetes - Hemoglobin A1c:
Hemoglobin A1c ordered.
Diabetes - Urine Microalbumin:
Urinalysis and urine microalbumin ordered.
Diabetes - Urine Protein:
Urinalysis and urine microalbumin ordered.
Colorectal Cancer Screening:
Occult blood ordered.
Diabetic Foot Exams:
The patient's foot inspection was normal. No blisters, callus, or ulcers.
Comment: large callus dorsum l;ateral left foot
The posterior tibialis and dorsalis pedis pulses are normal bilaterally.
A standard monofilament was used to test foot sensation and the exam was normal.
Provider Pain Treatment Plan:
Medication Adjustment
Tests Ordered

/es/ DOROTHEA HOOVER, M.D.
STAFF INTERNAL MEDICINE
Signed: 07/12/2006 12:52

07/13/2006 ADDENDUM STATUS: COMPLETED
Patient thought he was tested for Hep B and C; says his wife may have one of them. Asking if he can be tested.

/es/ PEGGY JENSEN, RN, MSN

REGISTERED NURSE
Signed: 07/13/2006 11:38

Receipt Acknowledged By:
07/14/2006 07:36 /es/ DOROTHEA HOOVER, M.D.
STAFF INTERNAL MEDICINE

07/13/2006 ADDENDUM STATUS: COMPLETED
Also asking for vicodin--last filled 7/7 for 20 pills to last 7 days.

/es/ PEGGY JENSEN, RN, MSN
REGISTERED NURSE
Signed: 07/13/2006 11:41

Receipt Acknowledged By:
07/13/2006 11:48 /es/ DOROTHEA HOOVER, M.D.
STAFF INTERNAL MEDICINE

07/13/2006 ADDENDUM STATUS: COMPLETED
If vicodin can be written, please mark for pick up.

/es/ PEGGY JENSEN, RN, MSN
REGISTERED NURSE
Signed: 07/13/2006 11:55

Receipt Acknowledged By:
07/14/2006 07:33 /es/ DOROTHEA HOOVER, M.D.
STAFF INTERNAL MEDICINE

LOCAL TITLE: Urology- New Patient 60368
STANDARD TITLE: UROLOGY CONSULT
DATE OF NOTE: JUN 07, 2006@09:28 ENTRY DATE: JUN 07, 2006@09:28:38
AUTHOR: PALMQUIST,DENNIS EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Urology Impotence

KRUSKAMP,STEVE L, 50 y/o, WHITE, MALE

Chief Complaint: ED

SUBJECTIVE:
Patient is new in urology clinic with complaints inability to achieve or maintain an erection suitable for intercourse for 2 years. States does not have adequate sexual desire. Has occasional nocturnal erections. Is able to reach orgasm with manipulation. Has been in sexual relationship for 30 years. Trialed viagra 100 mg with only slight increase in girth. Has not tried

levitra, or cialis, vacuum constriction devices (erecaid pump), actis erecaid band, Muse, Edex, enzyte, or Yohimbine in past.

Etiologies include HTN with use of medication, smokes marijuana once per day, DM.

Patient denies organic etiologies such as use of alcohol, DM, atherosclerosis, illicit drug use, hypogonadism, thyroid disorders, MS, spinal cord injury, neuropathies, and stroke.
Patient denies medication that may induce ED or limit treatment such as antihypertensives, antidepressants (use of SSRI can prolong ejaculation), antipsychotics, anticholinergics, antihormonals, and nitrates.
Denies prostate surgery, colon cancer with surgery, or spinal cord surgery.
Denies history of Peyronie's disease and severe hypospadias.
Denies psychogenic etiologies such as depression, psychiatric disturbance, performance anxiety, and marital discord.
Patient denies nocturia, urgency, frequency, weak stream, dysuria, hematuria, hesitancy, incontinence, penile discharge, fever, or lower back pain/CVAT.

Pertinent Medication:

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE
2)	AMITRIPTYLINE HCL 10MG TAB TAKE TWO TABLETS BY MOUTH AT BEDTIME AS NEEDED FOOT NUMBNESS	ACTIVE
3)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE (S)
4)	FLUNISOLIDE 25MCG 200D NASAL INH SPRAY SPRAY 1 WHIFF IN EACH NOSTRIL TWICE A DAY FOR NASAL ALLERGY SYMPTOMS.	ACTIVE
5)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE (S)
6)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 OR 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
7)	IBUPROFEN 800MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED WRIST/KNEE PAIN	ACTIVE

8) KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300. ACTIVE

9) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE ACTIVE

10) LOVASTATIN-HT 20MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE. ACTIVE (S)

11) VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD ACTIVE

Allergies: Patient has answered NKA
Denies any other allergies to medications, foods, latex, and rubber.

Significant Labs:
The OBJECT TESTOSTERONE;1 was NOT found...Contact IRM.
The OBJECT PROLACTIN;1 was NOT found...Contact IRM.

SCLU - Cholesterol

Collection DT	Spec	CHOL
12/01/2004 09:15	PLASM	183

12/01/2004	LDL CHOLESTEROL	119.00
12/01/2004	HDL CHOLESTEROL	55.00

No URINALYSIS results in last 1Y

Urine Culture x 1 year

The OBJECT PSA;3;99Y is INACTIVE...Contact IRM.

SCL1 - Partial CBC

Collection DT	Spec	WBC	HGB	HCT	MCV	MCHC	PLT
07/22/2005 21:00	BLOOD	7.8	13.1 L	39.7 L	94.0	33.1	178

07/22/2005	GLUCOSE	93.00
07/22/2005	SODIUM	140.00
07/22/2005	POTASSIUM	3.90
07/22/2005	CHLORIDE	110.00 H
07/22/2005	CO2	24.00
07/22/2005	UREA NITROGEN	21.00
07/22/2005	CREATININE	0.90
07/22/2005	CALCIUM	9.70
12/02/2004	ALBUMIN	4.40

Collection DT	Spec	SGPT	AST	ALK PHO	ALBUMIN	T. BIL

12/02/2004 14:05 PLASM 52 34 63 4.4 1.1 ,
12/02/2004 ALBUMIN 4.40
Collection DT Spec ALK PHO
12/02/2004 14:05 PLASM 63
12/01/2004 09:15 PLASM 61

Significant medical illnesses:
Denies HTN, ASHD, DM, Ca, angina, MI, CABG, angiography

PMH
Computerized Problem List is the source for the following:

1. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
2. HTN * (ICD-9-CM 401.9) 02/13/04
3. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA
4. Diabetes * (ICD-9-CM 250.00) 11/03/03

Physical exam:
Vitals - most recent BMI: 29.2
Height: 73 in [185.4 cm] (05/31/2006 15:07)
Weight: 221 lb [100.5 kg] (05/31/2006 15:07)
Temp: 96.4 F [35.8 C] (05/31/2006 15:07)
Pulse: 68 (05/31/2006 15:07)
BP: 136/90 (05/31/2006 15:07)

Alert/oriented X3, MAE, conversant with eye contact, follows commands, NAD, 2+ bilateral pedal and inguinal pulses.
Adequate secondary male characteristics (hair growth, muscle mass, fat distribution).

ASSESSMENT:
1. Erectile dysfunction. Etiologies include HTN with use of medication, smokes marijuana once per day, DM.

PLAN:
1. Trial Levitra 20 mg po, take 1/2 pill po 1 hour before sex #4 with 4 refills. Monitor with alpha blockers and with increased age >65 years old or with hepatic impairment (10 mg), but according to VA pharmacy (Robert-MTZ) it is ok to prescribe all PDE5-I medications to these patients. Patients should be stable on alpha blockers before starting PDE5-I and should take medication 6 hours apart.
Need to have stimulation for effective results. Stop if taking Nitrates or

experiencing CP, angina, SOB, dizziness, or low blood pressure. Take 6 hours apart from alpha blockers.
2. Erecaid pump (cannot use while on coumadin)
3. Trial Muse 250 mcg intraurethral pellet 1/2 hour before sex, #6 with 3 refills. May experience urethral burning.
4. Consider Edex 10 mcg penile injection 10 minutes before sex, #6 with 2 refills (cannot use while on coumadin).
5. Consider obtaining testosterone level if having low libido, no rises in PSA, and no history/family history of prostate cancer. Usually trial as last resort if other less invasive modalities ineffective (erecaid pump, muse, edex).
6. Follow up 3 months, may increase muse at next visit
7. Pt informed to call Urology clinic and PCP immediately with any problems, complications, concern, erythema, ecchymosis, swelling, pain, discharge, foul odor, fever, or side effects from medication. Stop medication if experiencing side effects and call Urology clinic.
8. Patient given or offered educational pamphlets regarding diagnosis, treatment plans, and information regarding medication.
9. Pt understands risks and benefits of treatments and medication and would like to proceed.

/es/ Dennis Palmquist, NP
Nurse Practitioner
Signed: 06/07/2006 09:46

LOCAL TITLE: Urgent Care 13135
STANDARD TITLE: URGENT CARE NOTE
DATE OF NOTE: MAY 31, 2006@15:16 ENTRY DATE: MAY 31, 2006@15:16:04
AUTHOR: CHEN,JAMES H EXP COSIGNER:
URGENCY: STATUS: COMPLETED

HISTORY OF PRESENT ILLNESS:
50 y/o male with a hx of a right knee injury '74, chronic pain, refused thr. Works in construction and has been doing a lot of work with the right hand. Pain in the right wrist x 1 wk. Taking vicodin but not helping much. Hx of dm neuropathy, htn, hpl.

PROBLEMS / PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04

HOOVER,DOROTHEA
2. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
3. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA J
4. Diabetes * (ICD-9-CM 250.00) 11/03/03
HOOVER,DOROTHEA
MEDICATIONS:

Computer is the source for the following medication list:

LOVASTATIN-HT 20MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH
EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE.
GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS
ASPIRIN 81MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL
ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP Sig: USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.
LISINOPRIL 5MG TAB Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE
VITAMIN B COMPLEX/VITAMIN C CAP/TAB Sig: TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN
PER DAY. NO ALCOHOL
FLUNISOLIDE 25MCG 200D NASAL INH SPRAY Sig: SPRAY 1 WHIFF IN EACH NOSTRIL TWICE A DAY FOR NASAL ALLERGY SYMPTOMS.
KETODIASTIX GLUCOSE KETONE TEST STRIP Sig: USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.

PHYSICAL EXAM:

VITALS: P: 68 (05/31/2006 15:07); BP: 136/90 (05/31/2006 15:07);
RR: 16 (05/31/2006 15:07); T: 96.4 F [35.8 C] (05/31/2006 15:07);
Pulse ox: Measurement DT POx
(L/MIN)(%)
05/31/2006 15:07 97
01/30/2004 10:11 97

EXREMITIES:
There is no pedal edema, clubbing or cyanosis. pain in the right wrist and snuff box, exacerbated by making a fist, pain right knee with full rom, + b foot paresthesia

xr: no fx, no sl dissociation

ASSESSMENT:

1. right wrist pain: brace, motrin 800 tid prn, vicodin q6 prn

2. djd right knee: brace

3. dm neuropathy: glipizide 5 bid, elavil 20 hs

f/u pcp

/es/ JAMES H. CHEN, M.D.
STAFF PHYSICIAN INTERNAL MEDICINE
Signed: 05/31/2006 16:08

LOCAL TITLE: Podiatry:Diabetic Foot 60510
STANDARD TITLE: PODIATRY NOTE
DATE OF NOTE: APR 25, 2006@17:46 ENTRY DATE: APR 25, 2006@17:46:30
AUTHOR: LAI,ROBERT C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

(051028)

S: Pt is here for F/U diabetic foot care. Has annoying numbness plantar forefeet bilateral for the past three years. Works with carpet, tile, linoleum, and wondered if his anatomical stance during work (on knees, bending his toes) attributes to symptoms. Otherwise has no lesions today.

O: Well maintained 1-5 toenails (improved from last time)
Normal skin turgor, temp, color
Cavus type feet bilateral
No calluses, no breaks in the skin
Decrease in sensations to 10gm monofilament (6/10 intact R; 8/10 intact L)
No recent HgA1c levels (existing values date back to 2004 and earlier, WNL)

A: DM II
Neuropathy, not likely from occupation/stance

P: Discussion on foot care, diabetic neuropathy.
There are currently approved research studies through the VA one can tap unto.
RTC 3-6 months

/es/ ROBERT C. LAI, DPM
STAFF PODIATRIST
Signed: 04/25/2006 17:58

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: DEC 16, 2005@10:52 ENTRY DATE: DEC 16, 2005@10:52:38
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

f/u for septorhinoplasty and complains of right sided nasal airway obstruction with decreased olfaction. No nasal trauma

PE: foreshorted caudal septum secondary to previous trauma, no perforations, narrow right nasal aperture, mild retrusion of tip secondary to graft resorption?
mouth: negative
neck: no masses

A: nasoseptal deformity s/p several septorhinoplasties
allergic rhinitis

P: Trial of Flonase
RTC 2 months
consider rib graft for nasal tip support

/es/ BRIAN S. ORISEK, M.D.
STAFF OTOLARYNGOLOGIST
Signed: 12/16/2005 10:56

LOCAL TITLE: Podiatry:Diabetic Foot 60510
STANDARD TITLE: PODIATRY NOTE
DATE OF NOTE: OCT 28, 2005@17:32 ENTRY DATE: OCT 28, 2005@17:32:45
AUTHOR: LAI,ROBERT C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S: Pt concerned about his feet getting progressively numb. Was diagnosed with diabetes in 1999. Numbness spread from his little toes to several areas dorsum feet bilateral. Denies tinbling and numbness. Is able to walk 2 miles on treadmill/home exercise machine. Unknown if he has painful feet, since he's on Vicodin for his knee condition. Works installing floors, but no longer does carpeting.

O: Dorsalis pedis 2-/4 bilateral
Posterior tibial 2-/4 bilateral
Cavus type feet bilateral
Well maintained lesser toenails
Hallux nails ripped by pt (his method of dealing with annoying nails)
Distal edge of both hallux nails jagged with sharp corners
Slightly diminished sensations to 10gm monofilament (8/10 intact B/L --

symmetrical decrease plantar 1,2 MPJ's B/L)
Few hairs dorsum toes (pt has noticed this since someone pointed it to him)
No calluses, no breaks in skin

A: DM II
Neuropathy
Inappropriate nail care

P: Trimmed, smoothed down jagged nail edges, corners both great toes.
Long discussion on foot care and diabetes. Pt appeared motivated and interested. Pt admitted he tends to eat fatty (fast) foods.
Pt is to allow toenails to grown out longer, past the tips of the toes.
Cut nail straight across, and file corners so that no sharp corners would poke him.
RTC 5-6 months

/es/ ROBERT C. LAI, DPM
STAFF PODIATRIST
Signed: 10/28/2005 17:43

LOCAL TITLE: Urgent Care 13135
STANDARD TITLE: URGENT CARE NOTE
DATE OF NOTE: JUL 24, 2005@16:31 ENTRY DATE: JUL 24, 2005@16:31:28
AUTHOR: BRESOLIN,JOEL PAUL EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: cat scratch

49 Year Old, WHITE, MALE

S: The patient presents to the urgent center today with the complaint of re-check arm where scrateched by cat on keflex qid. The initial red streaks, swelling have gone.

ROS: Denies F,C,N,V,D,ABDPain,CP,SOB,LE edema, urinary troubles, bowl troubles
Last visit to the urgent center
PMD:Hoover
PMH:Computerized Problem List is the source for the following:

1. Hyperlipidemia * (ICD-9-CM 272.4) 09/03/04
HOOVER,DOROTHEA
2. HTN * (ICD-9-CM 401.9) 02/13/04
HOOVER,DOROTHEA
3. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA J
4. Diabetes * (ICD-9-CM 250.00) 11/03/03

HOOVER,DOROTHEA

Habits:
TOB:NONE
ETOH:NONE
IVDA:NONE

ALL: Patient has answered NKA
MEDS: Active and Recently Expired Outpatient Medications (including Supplies):

ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE
ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
GABAPENTIN 300MG CAP TAKE TWO CAPSULES BY MOUTH THREE TIMES A DAY TO PREVENT PAIN: PAIN BLOCKER STOP GABAPENTON 400	DISCONTINUED
GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE
LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE	ACTIVE
LOVASTATIN-HT 20MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE
SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY.	ACTIVE
VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD	ACTIVE

EXAM:
VITALS:

Temp:	96.6 F [35.9 C] (07/24/2005 13:33)
Pulse:	58 (07/24/2005 13:33)
B/P:	140/81 (07/24/2005 13:33)
Resp:	16 (07/24/2005 13:33)
WT:	210 lb [95.5 kg] (07/24/2005 13:33)
Pain:	0 (07/24/2005 13:33)

GEN:WN,PLEASANT MALE in NAD
HEENT:NC,AT,PERRL,TM's and canals clear, oral and nasal pharynx clear
NECH:Supple, no masses, bruits, thyromegaly or LAD

LUNGS:CTA
C/V:RRR, NL S1, S2, no M, S3 or S4
ABD:Soft NT, ND, +BS, no HSM, no bruit
Rectal: deferred
BACK:NT, no CVAT
EXT:No rash, no edema, DP pulses (R/L) 2+/2+: PT pulses (R/L) 2+/2+
NEURO: Grossly intact
Skin: Good turgor, R FA without redness, purulence, induration, pus, the scratch marks appear well-healed

LABS:na

X-RAYS:na

ASSESSMENT:
1.recent cat scratch no fever no LAD, resolving cellulitis
2.
3.
PLAN: complete course of Abx
MEDICATIONS:
1. #10 vicodin for knee pain , advised to call for refills
2.
3.
DIAGNOSTICS:
1.
FOLLOW-UP/CONSULTS
1.PMD
EDUCATION:
1.If the symptoms worsen or don't improve, please call your primary care or return to the urgent center.
** Patient verbalizes understanding of above instructions and f/u appts.

/es/ JOEL PAUL BRESOLIN, FNP
NURSE PRACTITIONER
Signed: 07/24/2005 16:36

LOCAL TITLE: Urgent Care 13135
STANDARD TITLE: URGENT CARE NOTE
DATE OF NOTE: JUL 22, 2005@22:01 ENTRY DATE: JUL 22, 2005@22:01:36
AUTHOR: NANGALAMA,ANDREW W EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Urgent Care Record

Diagnostics and Treatments

Rocephin 1 gm iv x 1.

/es/ ANDREW W. NANGALAMA, M.D., PhD
URGENT CARE PHYSICIAN
Signed: 07/22/2005 22:04

LOCAL TITLE: Urgent Care 13135
STANDARD TITLE: URGENT CARE NOTE
DATE OF NOTE: JUL 22, 2005@20:49 ENTRY DATE: JUL 22, 2005@20:49:51
AUTHOR: NANGALAMA,ANDREW W EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT / REASON FOR VISIT:

Chief Complaint:
Multiple cat scratch infected wounds.

HISTORY OF PRESENT ILLNESS: Patient states that he was scratched by his own cat
about 2-3 weeks
ago.Patient has scratches to legs and armas.Patient states that he was ding well until yesterday.Patient denies any fever or chills.No nausea or vomitting.

REVIEW OF SYSTEMS:

GENERAL: Review of systems all negative except for HPI
SKIN: Redness, Warmth

Other findings: Some areas of superficial abrasion and redness.N o area of drianage.
HEENT: No visual changes,hearing loss,sinus pain,ear or sore throat
RESPIRATORY: No shortness of breath, cough or sputum.
CARDIOVASCULAR: No chest pain or palpitation.
GI: No abdominal pain,bowel changes,diarrhea or constipation
GU: No urinary symptoms.
MUSCULOSKELETAL: No muscle weakness, numbness or tingling or arthralgia
NEURO: No headache, diziness, facial changes, general weakness, balance disturbance, change in gait or sensory changes

ALLERGIES:Patient has answered NKA

MEDICATIONS:

Computer is the source for the following medication list:

ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP Sig: USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.
ASPIRIN 81MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL
LISINOPRIL 5MG TAB Sig: TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE
VITAMIN B COMPLEX/VITAMIN C CAP/TAB Sig: TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 1 TABLET BY MOUTH FOUR TIMES
A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN
PER DAY.
GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS
LOVASTATIN-HT 20MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH
EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE.
KETODIASTIX GLUCOSE KETONE TEST STRIP Sig: USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.
SILDENAFIL CITRATE 100MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY.

PHYSICAL EXAM:

GENERAL: NAD
Comfortable at rest, alert and oriented, VSSAF, NAD
VITALS: P: 71 (07/22/2005 20:25); BP: 135/76 (07/22/2005 20:25);
RR: 16 (07/22/2005 20:25); T: 97.1 F [36.2 C] (07/22/2005 20:25);
Pulse ox: No Pulse Oximetry found.

HEENT:
Ear canals and TMs are normal. EOM normal, oropharynx is normal.

NECK:
JVP is not elevated, no thyromegaly, no lymph nodes palpable, no bruit

CHEST:
Lungs clear. Air-entry equal and bilateral. No crackles or rhonchi.

CARDIAC EXAM:
S1, S2 are heard, normal. There is no rub, gallop or murmur.

ABDOMEN:

Abdomen is soft, not tender, no rebound or guarding, no mass is palpable, bowel sounds are present.

EXREMITIES:
Right arm with streking redness,warmth but no drainage.

EXAM OF THE SPINES:
There is no tenderness over the spines or in the paraspinal region.
SLR is negative.

CNS:
There is no acute focal neurological deficit.

Cerebella: Normal gait

Sensory:
Intact

Motor:
5/5
Deep tendon reflexes: Normal

ANCILLARY TESTS DONE TODAY:
CBC, PT, PTT, U/A, BMP

ASSESSMENT:

1.Cellulitis.

2.Cat scratch.

3.

PLAN:
Labs.

ANTIBIOTIC:Patient given rocephin i gm iv x 1.Start Keflex 500 mg po qid x 10 days.Patient had ivf ns 500 cc/hr.
Patient is advised to return to clinic in two days for recheck of cellulitis.
Continue current medications.

Patient advised to call for any concerns, questions or symptoms.
Return to Urgi Center if sypmtoms worsen.
Treatment and plan discussed and agreed upon with the patient.
Condition on Discharge:Improved
Disposition:Discharged home with self.

/es/ ANDREW W. NANGALAMA, M.D., PhD
URGENT CARE PHYSICIAN
Signed: 07/22/2005 22:50

LOCAL TITLE: Urgent Care 13135
STANDARD TITLE: URGENT CARE NOTE
DATE OF NOTE: JUL 22, 2005@20:43 ENTRY DATE: JUL 22, 2005@20:43:59
AUTHOR: NANGALAMA,ANDREW W EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Urgent Care Record

Diagnostics and Treatments

Labs:
CBC, BMP, PT, PTT, U/A

Radiology:

Start NSS 0.9% 1,000 cc's to run @ 500cc's/hr.

/es/ ANDREW W. NANGALAMA, M.D., PhD
URGENT CARE PHYSICIAN
Signed: 07/22/2005 20:45

LOCAL TITLE: Audiology Consult 15005
STANDARD TITLE: AUDIOLOGY CONSULT
DATE OF NOTE: JUN 10, 2005@10:28 ENTRY DATE: JUN 10, 2005@10:28:27
AUTHOR: LOWRY,MARGARET E EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Hearing Evaluation

S: Vet reported decreased hearing AU noted when watching TV
(+) constant tinnitus AS since 2000. Vet was wrestling with his brother. Brother put him in a headlock and when vet pulled away he heard a loud pop. He has had a loud ring since. He also states his left ear pops with jaw movement.
(-) vertigo
(+) vet states he had an ear infection in the left ear following incident above. He states he was told at a clinic it was due to swimming in his pool. He was treated with drops and pills. Vet also states that when he goes swimming, he feels he gets water from his mouth into his left ear and can feel a cold feeling inside his neck.
(+) Hx of noise exposure in the Navy, boatman's mate, 1974-75 and as a civilian in flooring for 30 years and a diesel service vehicle.

O: Otoscopic exam: ___ Unremarkable, _x_ Other: clear canals

___ Made ear impression(s) for new hearing aid(s).
Hearing aid analysis per ___ subjective listening check, ___ real ear measurement, ___ electro acoustic analysis indicates:
_x_ Vet has no hearing aids.

A: WNL with a marked noise notch bilaterally. Normal tympanograms bilaterally.

P: ___ Recommend ___ hearing aid(s) and vet is eligible at VA expense.
___ Recommend ___ hearing aid(s), but vet is not eligible at VA expense.
___ Referred to neurology for BAEP to r/o retrocochlear pathology.
___ Referred to ENT for ___ medical clearance for hearing aids,
___ cerumen management, ___ follow up.
___ RTC for hearing aid fitting.
___ RTC PRN
___ Vet to file a claim for ___ hearing loss, ___ tinnitus.
_x_ Other: vet to return to ENT for follow up

_x_ Vet was counseled re: _x_ test results, ___ listening strategies, ___ tinnitus management, ___ how to obtain hearing aids outside the VA, ___ how to file a claim, _x_ plan.

/es/ MARGARET E LOWRY
AUDIOLOGIST
Signed: 06/10/2005 11:03

LOCAL TITLE: C&P Examination 16255
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: MAR 28, 2005@11:00 ENTRY DATE: MAR 29, 2005@11:40:24
AUTHOR: SIDWELL,LINDA J EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: 151650

REFERENCE NUMBER: 151650

He is listed in the computer as Steve L. Kruskamp; his given name is Steven.

SELECTED EXAM: This is a joints examination as part of the veteran's claim for an increase in his current service-connected percentage rating of 30%.

MILITARY HISTORY: The veteran entered into active military service in

the U.S. Navy as a Seaman Apprentice in 07/74. He served as a boson's mate. He was medically discharged for his right knee as a Seaman Apprentice in 11/75.

SOCIAL HISTORY: The veteran is currently 49 years of age. He continues to live in Fair Oaks, California with his spouse and one child. The veteran remains self-employed. He works as a floor layer. However, he is unable to do rugs or carpets any longer. He continues to lay linoleum and hardwood floors. The veteran's current total service-connected percentage rating is 30%. His current primary care provider remains Dr. Dorothea Hoover at the VA Outpatient Clinic, Mather Field, California. He does not have civilian health care. He describes his general state of health as fair-to-poor.

MEDICAL RECORD REVIEW: A C-file was not provided nor requested to be reviewed prior to this veteran's examination.

The veteran claims increased service connection for:

CLAIM - INTERNAL DERANGEMENT OF BOTH KNEES: Please note that the right knee will be discussed first. The veteran apparently had prior right knee surgery at age 15 when a cyst was removed from the lateral meniscus. It is unclear as to whether a total meniscectomy or partial meniscectomy was done at that time. He received an orthopedic waiver to join the military at Letterman Army Medical Center. He believes that, over time, the required marching and climbing of ladders as a part of his military service in the Navy caused aggravation of his prior right knee condition. He had no problems with his knee when he joined the service, but the required activities started to cause him knee pain. He was eventually medically boarded from the service because of the right knee.

He says that, since our last C&P evaluation, which was accomplished on 12/03/03, he feels that his right knee has become weaker. He continues to reiterate the fact that he believes his right calf, right thigh, and right butt are smaller than the left. The veteran states that he is never pain-free in his right knee. The least amount of pain he estimates at 4/10, an average amount is 8 to 9/10, and the maximum amount of knee pain is 10/10. These are primarily when he is working. He complains of weakness. He denies stiffness of the right knee. He does have some swelling, but no heat or redness. On a rare occasion, the right knee has buckled. He says that he simply feels wobbly on the knee when he is standing. He denies locking or fatigability of the knee, but says that it has poor endurance.

Things that cause his knee pain are the work he does kneeling on his knees laying hardwood floors and linoleum. Things that improve his knee pain are rest and a heated mattress. He has to sleep with a

pillow between his legs. He is now on Vicodin for pain control. He averages taking two tablets twice a day up to three times per day. The veteran had physical therapy since our last visit for approximately two months. He thought his leg was getting slightly stronger, but he could not tolerate the knee pain. The veteran states that, approximately three to four times per week, his right knee pain will escalate to 10, lasting all day. He says that he simply has to keep working. He does have some other business possibilities with regard to patents he has on related floor-laying equipment.

The veteran will wrap his right knee in an ace bandage at times. He uses a cane intermittently in the right hand. The veteran had surgery on the joint at age 15. He has never had a true dislocation. He has no known inflammatory arthritis. He does work with some restrictions due to his pain and injury. He heavily pads knee pads. He cannot do carpet laying now; he had to go to either hardwood or linoleum floors. With regard to his daily activities, he has to use arm rests to get up and out of a chair. He no longer runs. He has to limit the amount of walking he can do. He can no longer throw the discus, shotput, or javelin in his off-duty hours. He avoids squatting. He cannot go down onto his knees through a squat; he has to lean forward onto his hands and go down gently onto his knees.

The left knee became bothersome in the service. He believes it was because he fell on the quarterdeck. His knee did quite well up until about 1 1/2 years ago. It was his strong leg at the time, which allowed him to continue carpet laying. However, his left knee eventually became bothersome and he simply had to give up the carpet laying aspect of his job. He does not have pain constantly in the left leg; it is off and on through the week. He estimates that he will have left knee pain four to five times a week. The pain ranges from 0 to 4 to 5/10. He does feel that his left knee is getting weaker, but nowhere near as much as the right. He denies stiffness, swelling, heat, redness, instability, or locking. He does complain of some fatigability and lack of endurance.

Things that aggravate or cause his knee pain are positions that he has to get in when working. Things that improve his pain are rest, Vicodin, a heated mattress, and a pillow between his knees. He did have some physical therapy as noted on the right knee. Four to five times per week, his knee pain will go to 5/10. He simply has to keep working. It does not cause him additional limitation of motion. He works in pain. The veteran uses a cane in the right hand occasionally. He has never had left knee surgery. He has never had a left knee dislocation. He has no known inflammatory arthritis. He is working with some restrictions due to his pain and injury, as listed with the right knee. The veteran had to give up carpet laying and rug laying. The veteran has the same restriction of activities in his

activities of daily living as listed previously for the right knee.

ALLERGIES: The veteran has no known drug allergies.

CURRENT MEDICATIONS, LISTED BY NAME ONLY:

1. Vicodin
2. Aspirin
3. Glipizide
4. Lisinopril
5. Lovastatin
6. Viagra
7. Vitamin B complex with C.

PHYSICAL EXAMINATION: This is an alert, pleasant, cooperative, Caucasian male, in no acute distress. Stated height 73", stated weight 210 pounds. The veteran states that he is ambidextrous. He signs his name with his right hand. The veteran's gait is antalgic. He limps favoring the right lower extremity. In a standing position, he tends to shift his weight to the left leg. The veteran has mild genu valgum at less than 10 degrees. The veteran says that he is unable to do a squat. He has to roll forward, put his hands on the floor, and then gently kneel to get down on the floor.

On examination of the knees in the sitting position, the veteran can fully extend both knees. In the recumbent position, the distal thigh on the right measures 16", the distal thigh on the left measures 18". Two well-healed surgical scars are noted on the lateral aspect of the right knee, one measuring 2 1/2". The other scar is closer to the patella, measuring 3". The scars are nontender, nonadherent, nondepressed, and nondisfiguring. They all existed prior to military service. There is no heat, redness, or soft tissue swelling about the right knee. No patellofemoral crepitance is noted with flexion and extension of the knee today. Active and passive range of motion of the right knee is full, to include 135 degrees of flexion, 0 degrees extension, and 10 degrees internal and external rotation. There is no ligament laxity to varus or valgus stress at 0 and 30 degrees flexion. Anterior and posterior drawer signs are negative. McMurray sign is negative on the right knee.

On examination of the left knee, the left knee demonstrates a full, painless range of motion, to include 140 degrees of flexion, 0 degrees extension, and 10 degrees internal and external rotation. There is no ligament laxity to varus or valgus stress at 0 and 30 degrees flexion. Anterior and posterior drawer signs are negative on the left knee. McMurray sign is negative on the left knee. There is moderate patellofemoral crepitance with flexion and extension of the left knee today.

DIAGNOSTIC AND CLINICAL TESTING: None. The veteran had prior knee x-rays done on 12/03/03 with prior C&P examination, which showed significant osteoarthritis on the right knee and mild-to-moderate degenerative changes on the left knee. An MRI of the right knee done on 03/18/04 showed advanced meniscal and ligamentous disease, with osteoarthritis and joint effusion, as well as a loose body seen posteriorly.

DIAGNOSES:

1. Osteoarthritis and meniscal disease, with ligamentous disease of the right knee.
2. Osteoarthritis of the left knee.

The DeLuca factor for the right knee is a 0-degree loss of range of motion due to pain or flare-up of pain, but an overall 30% loss of functional capacity due to flare-up of pain with repetitive weightbearing activity. However, the veteran is not at a point in his life at the present time where he is willing to give up working as a floor layer.

DeLuca factor for the left knee is a 10% loss of functional capacity due to pain or flare-up or pain with repetitive weightbearing activity. As noted, he is unwilling to change vocations at the present time. There is moderate excess fatigability and weakened movement of the right knee, with quadriceps atrophy. There is no incoordination. There is no excess fatigability, weakened movement, or incoordination of the left knee. Pain is the primary limiting functional factor for both knees.

DICTATED BY: SIDWELL,LINDA

DATE DICTATED: 03/28/05
DATE TRANSCRIBED: 03/28/05
REPORT NUMBER: 1398546
JAP/PSI
$END

/es/ LINDA J. SIDWELL, M.D.
STAFF PHYSICIAN
Signed: 03/29/2005 11:48

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: JAN 14, 2005@09:20 ENTRY DATE: JAN 14, 2005@09:20:50

AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

f/u for nasal reconstruction.. Breathing improved

PE: well healed incisions, loss of tip projection (only graft material available was conchal cartilage for anterior septal stent)
septum midline

A: Satisfactory postop course

P: RTC prn

/es/ BRIAN S ORISEK
MD
Signed: 01/14/2005 09:22

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: DEC 02, 2004@13:41 ENTRY DATE: DEC 02, 2004@13:41:55
AUTHOR: HOOVER,DOROTHEA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Interim Note Has ADDENDA ***

S

CC: HTN now well controlled on meds; NIDDM: FBS 133; sgpt now 56 had recent liver CT prior hep screen neg is on statin; sts 1 year of left scortal pain on and off for 1 year; hi lipids on statin

O
Pul : Clear
wheezing
rales
rub
nl air flow
reduced airflow

Active Outpatient Medications (excluding Supplies):

Active Outpatient Medications	Status

1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE (S)
2)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
3)	AMOXICILLIN 500MG CAP TAKE TWO CAPSULES BY MOUTH EVERY 8 HOURS - FOR INFECTION.	ACTIVE
4)	ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
5)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE (S)
6)	GABAPENTIN 300MG CAP TAKE TWO CAPSULES BY MOUTH THREE TIMES A DAY TO PREVENT PAIN: PAIN BLOCKER STOP GABAPENTON 400	ACTIVE
7)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE
8)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE (S)
9)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE
10)	LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE	ACTIVE (S)
11)	LOVASTATIN-HT 20MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY EVENING WITH EVENING MEAL FOR CHOLESTEROL - DO NOT TAKE WITH GRAPEFRUIT JUICE.	ACTIVE (S)
12)	SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY.	ACTIVE
13)	VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD	ACTIVE (S)

I.

1. NIDDM hbaic 7.2; 6.1
2. right knee pain : gives put- mri and ortho pending- active trigger points medial and lateral knee- loose body ligamentous degeenration and effusion seees ortho
3. in past + tox for pot current tox screen + for pot
7. HX of numbness in feet - probable neurapthy doing well on gabapenton: now sts does not like gabapenton
8. HF (GM) of colon ca MTR has polyps- scheduled for colonscope
9. HTN - well controlled
10. SGPT 56 recent liver CT scan normal past hep screen neg is on statin

11. ED
12. HCM: colonscope scehduled; DRE 9'04; declines flu and pneumovax; tetanus tox '99
13. hyperlipidemia: total chol 203/hdl 48 ldl 133 TG 115; on lovastatin 10 total chol 183/hdl 55 ldl 119 TG 44
14. as pt leaving office sts 1 year of testicular pain

Plan:
1. RTC call april for 1st available appt
2. Labs: NF labs today
12 Hr fasting labs april
3. standard instructions re appropriate nutrition and exercise given
4. applicable counselling re tabacco use
5. referrals:urology
6. meds renewed
7. asap scrotal US

Clinical Reminders:
Influenza vaccine - Oct 04 - Apr 05:
The patient declines to be vaccinated for influenza.
Pneumovax:
The patient declines to receive the recommended dose of pneumococcal vaccine.
Evaluation of Positive PTSD Screen:
The patient states that they have experienced an event that involved actual or threatened death or serious injury to the them or someone else that caused them to experience intense fear, helplessness or horror.
The patient is not currently receiving Mental Health Services for PTSD or treatment at a Vet Center.
The patient declines to be referred to Mental Health for evaluation of the positive screen for PTSD.
LDL >=100 - High Risk Goal <100:
No lipid treatment change is needed based on patient's current status.
Comment: elevated SGPT want to follow lft's before change dose

/es/ DOROTHEA HOOVER
MD
Signed: 12/02/2004 14:00

12/16/2005 ADDENDUM STATUS: COMPLETED
PT COUNT 904-called told no viaghra until fda finishes blindness study

/es/ DOROTHEA HOOVER, M.D.
STAFF INTERNAL MEDICINE
Signed: 12/16/2005 16:31

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: NOV 12, 2004@09:00 ENTRY DATE: NOV 12, 2004@09:00:48
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

c/o hearing loss AS associated with tinnitis mostly on the left, no vertigo, h/o loud noise exposure (rock music), uses q tips

C/O nasal congestion, no sneezing, some post nasal drainage

PE: ears: left with cerumen impaction cleaned with H2O2, normal tms
nose: no exudates no polyps
mouth: no posterior drainage

A: cerumen impaction AS
r/o asymmetric SNHL
subacute sinusitis

P: audio
Amoxacillin
RTC post audiogram

/es/ BRIAN S ORISEK
MD
Signed: 11/12/2004 09:08

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: SEP 10, 2004@09:48 ENTRY DATE: SEP 10, 2004@09:48:50
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt desires rescheduling for quad blephs with fat transfer, mid face lift, and rhytidectomy.

Rescheduled for November 4, 2004

/es/ BRIAN S ORISEK
MD
Signed: 09/10/2004 09:49

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: SEP 03, 2004@11:22 ENTRY DATE: SEP 03, 2004@11:22:55

AUTHOR: HOOVER,DOROTHEA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S

CC here for BP check except DID NOT take BP meds- no outsude meds; also has high ldl 133; habic 6.1

O
Pul : Clear
wheezing
rales
rub
nl air flow
reduced airflow

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE (S)
2)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
3)	ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
4)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
5)	CITRATE OF MAGNESIA ORAL SOL 10OZ TAKE CONTENTS OF BOTTLE (10OZ) BY MOUTH ONCE - USE 2 HOURS BEFORE STARTING COLYTE FOR COLONOSCOPY PREPARATION.	ACTIVE
6)	COLYTE - FLAVORED TAKE 1 GALLON BY MOUTH ONCE - MIX IN 1 GALLON OF WATER , DRINK 8OZ EVERY 15 MINUTES OVER 4 HOURS UNTIL DONE.	ACTIVE
7)	GABAPENTIN 300MG CAP TAKE TWO CAPSULES BY MOUTH THREE TIMES A DAY TO PREVENT PAIN: PAIN BLOCKER STOP GABAPENTON 400	ACTIVE
8)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE
9)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN	ACTIVE

PER DAY.
10) KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300. ACTIVE
11) LISINOPRIL 5MG TAB TAKE ONE TABLET BY MOUTH EVERY MORNING FOR BLOOD PRESSURE ACTIVE
12) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY. ACTIVE
13) VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD ACTIVE

I.

1. NIDDM hbaic 7.2; 6.1
2. right knee pain : gives put- mri and ortho pending- active trigger points medial and lateral knee- loose body ligamentous degeenration and effusion seees ortho
3. in past + tox for pot current tox screen + for pot
5. HCM: declines flu vax; psa 11'03; declines pneuomovax; psa 11'03
7. HX of numbness in feet - probable neurapthy doing well on gabapenton
8. HF (GM) of colon ca MTR has polyps- scheduled for colonscope
9. HTN - did nottake meds today no outside bp's
10. exp to type C hep in military- neg for B and C ehp
11. ED wants viagra
12. HCM: colonscope scehduled; DRE 9'04; declines flu and pneumovax; tetanus tox '99
13. hyperlipidemia: total chol 203/hdl 48 ldl 133 TG 115

Plan:
1. RTC dec 2
2. Labs: NF labs
12 Hr fasting labs nov
3. standard instructions re appropriate nutrition and exercise given
4. applicable counselling re tabacco use
5. referrals:
6. RX lovastatin 10
7. restart BP meds and take QD
8. call if BP not < 130/80

Clinical Reminders:
Diabetic with last BP>=140/80:
The patient has been non-compliant with therapy for hypertension.

/es/ DOROTHEA HOOVER
MD
Signed: 09/03/2004 11:33

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: JUL 23, 2004@09:24 ENTRY DATE: JUL 23, 2004@09:24:44
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

f/u for septorhinoplasty with columellar strut and anterior septal strut. Breathing is improved. Wants the mid dorsal defect corrected (a consequence of increased nasal tip projection)

PE: all incisions well healed, septal widening of the remaining posterior aspect, mid dorsal depression
ear: healed incision no recognizable auricular defect

A: doing well

P: mid dorsal reconstruction with auricular cartilage saddle graft
quad blephs with malar lift
poss facelift

/es/ BRIAN S ORISEK
MD
Signed: 07/23/2004 09:27

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JUL 22, 2004@15:34 ENTRY DATE: JUL 22, 2004@15:34:43
AUTHOR: HOOVER,DOROTHEA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Interim Note Has ADDENDA ***

S

CC HTN no outside bp's; NIDM habic 6.1 ave sugar 120 no lo's UTD eye chevk feet qd; still smokes POT; in PT for knee pain- sees ortho

O
Pul : Clear x
wheezing
rales
rub
nl air flow
reduced airflow xx

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE (S)
2)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
3)	ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
4)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
5)	GABAPENTIN 300MG CAP TAKE TWO CAPSULES BY MOUTH THREE TIMES A DAY TO PREVENT PAIN: PAIN BLOCKER STOP GABAPENTON 400	ACTIVE
6)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE
7)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
8)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE
9)	LISINOPRIL 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING HIGH BLOOD PRESSURE	ACTIVE
10)	SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY.	ACTIVE (S)
11)	VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD	ACTIVE (S)

I.

1. NIDDM hbaic 7.2; 6.1
2. right knee pain : gives put- mri and ortho pending- active trigger points medial and lateral knee- loose body ligamentous degeenration and effusion seees ortho
3. in past + tox for pot current tox screen + for pot
5. HCM: declines flu vax; psa 11'03; declines pneuomovax; psa 11'03
7. HX of numbness in feet - probable neurapthy doing well on gabapenton
8. HF (GM) of colon ca MTR has polyps- scheduled for colonscope

9. HTN on meds- good control
10. exp to type C hep in military- neg for B and C ehp
11. ED wants viagra
12. HCM: colonscope scehduled; DRE 9'04; declines flu and pneumovax; tetanus tox '99

Plan:
1. RTC sept for BP check
2. Labs: NF labs chem 8 aug
12 Hr fasting labs
3. standard instructions re appropriate nutrition and exercise given
4. applicable counselling re tabacco use
5. referrals:
6. meds renewed
7. incrase lisiunpriil from 2.5 to 5.0
8. incrase vicodin from tid to qid prn

Clinical Reminders:
Pneumovax:
The patient declines to receive the recommended dose of pneumococcal vaccine.
Diabetic with last BP>140/85:
The patient's medication regimen was adjusted to improve BP control.

/es/ DOROTHEA HOOVER
MD
Signed: 07/22/2004 15:51

09/03/2004 ADDENDUM STATUS: COMPLETED
Contacted patient as per OK by Dr. Hoover regarding his LDL cholesterol. Patient has DM and LDL = 133, but on no medications to lower his cholesterol. Discussed with patient as length the benefits and risks of taking cholesterol medications and he agreed to discuss at today's appt with Dr. Hoover.

/es/ ROBERT A MALMSTROM
PharmD., Clinical Pharmacist
Signed: 09/03/2004 10:15

Receipt Acknowledged By:
09/03/2004 12:34 /es/ DOROTHEA HOOVER
MD

LOCAL TITLE: PT OPC Follow-Up 60318
STANDARD TITLE: PHYSICAL THERAPY OUTPATIENT NOTE
DATE OF NOTE: JUL 16, 2004@13:13 ENTRY DATE: JUL 16, 2004@13:13:41
AUTHOR: TANCO,RAYMUND G EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PHYSICAL THERAPY CLINIC
McCLELLAN VA CLINIC
SACRAMENTO, CALIFORNIA

vet: Kruskamp,Steve L 566-02-0729 Dec 3, 1955
date: 7-16-04
Diagnosis or Complaint: Provisional Diagnosis: Unspecified internal derangement of knee (717.9)
REASON for REQUEST & MEDICAL JUSTIFICATION: (Complaints and Findings)
right knee pain active trigger points latera and medial quad stretches and strenthening CLOSED chain only
Referring Physician(or Clinic): Hoover
Physical Therapist: RAY TANCO, RPT

S: HAS BEEN PERFORMING HOME KNEE EXERCISES.

O: EXPLAINED TO THE PATIENT THE THERAPEUTIC JUSTIFICATION & REASONING REGARDING THE EXERCISE PROTOCOL INDICATED BELOW. PATIENT DID UNDERSTAND THE EXPLANATION.

60 MINUTE REHAB PROGRAM

KNEE & LOWER EXTREMITY REHABILITATION REGIMEN
OPEN KINETIC CHAIN EXERCISES:
[XXX]SLR: 4 lbs x 2 SETS of 10 REPS
[XXX]Short Arc Quads: 5 lbs x 3 SETS of 10 REPS
[n/a]Full Arc Quads:
[XXX]Hamstrings: 5 lbs x 3 SETS of 10 REPS
[XXX]N/K Table(quads): 5 lbs x 3 SETS of 10 REPS
[XXX]N/K Table(hams): 5 lbs x 3 SETS of 10 REPS
[n/a]Elgin Chair(hip extension):
[n/a]Elgin Chair(hip abduction):
[n/a]Rehabilitator(quads):
[n/a]Rehabilitator(hams):
[n/a]Hydra-Fitness System(quads):
[n/a]Hydra-Fitness System(hams):
[n/a]Other Exercises:
[n/a]Stretching Exercises:

CLOSED KINETIC CHAIN EXERCISES:
[XXX]Bicycle Ergometer: 9 MINUTES @ ZERO RESISTANCE
[n/a]Stair Climber:
[n/a]KINETRON(seated stepper):
[n/a]Leg Press Machine:
        {}Right:
        {}Left:

[n/a]Treadmill:
[n/a]Wall Slides:
[n/a]Nordic Track:
[n/a]Lateral Step-ups:
[n/a]BAPS Board:
[n/a]Rocker Board:
[XXX]Other Exercises: PARTIAL SQUATS x 10 REPS (tolerated OK)

AROM: KNEE EXTENSION= degrees KNEE FLEXION= degrees
PROM: KNEE EXTENSION= degrees KNEE FLEXION= degrees

EFFUSION: NONE
GAIT: ANTALGIC

A: s/p RIGHT KNEE PAIN, WEAKNESS AND ATROPHY:
Impression: (mri scan)
1. Advanced meniscal and ligamentous disease with osteoarthritis and a joint effusion. No acute fractures or subluxations are identified however a loose body is seen posteriorly (which was not mentioned in the body of the report).

Goals:
[XXX]INDEPENDENCE IN THE HOME MANAGEMENT STRATEGIES(primary)
[XXX]DECREASE PAIN &/or SYMPTOMS
[XXX]INCREASE FUNCTIONAL CAPACITY
[XXX]RESTORATION OF FUNCTIONAL RANGE OF MOTION
[XXX]FUNCTIONAL STRENGTH THRU STABILITY IN A STATIC AND DYNAMIC ENVIRONMENT
[XXX]IMPROVE MUSCULAR &/or PHYSICAL ENDURANCE
[XXX]INDEPENDENCE IN HOME MANAGEMENT STRATEGIES

P: [XXX]KNEE OPEN KINETIC CHAIN EXERCISES:
P: [XXX]KNEE CLOSE KINETIC CHAIN EXERCISES:
P: [XXX]Other Lower Extremity Exercises:
[XXX]Bicycling:
[XXX]Walking:
[]Aquatic Program:
P: [XXX]Modalities:
[XXX]Cryotherapy: PRN
[]Thermotherapy
[]Other:
P: [DEFERRED]Home Management Program:
[]Instructions in Home Knee/Leg Exercises:
[]Patient Comprehends &/or Demonstrates Exercises Well
[]Handouts & Parameters issued:
[]Instructions in application of cryotherapy &/or thermotherapy
[]Advised in Ergonomic & Bio-Mechanical Changes/Improvements
P: Return to PT Clinic: ONE MORE SESSION, THEN HOME PROGRAM

P: HAS PENDING ORTHOPEDIC APPOINTMENT

/es/ RAYMUND G TANCO
PHYSICAL THERAPIST
Signed: 07/16/2004 13:19

LOCAL TITLE: PT OPC Follow-Up 60318
STANDARD TITLE: PHYSICAL THERAPY OUTPATIENT NOTE
DATE OF NOTE: JUL 09, 2004@10:03 ENTRY DATE: JUL 09, 2004@10:03:27
AUTHOR: TANCO,RAYMUND G EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PHYSICAL THERAPY CLINIC
McCLELLAN VA CLINIC
SACRAMENTO, CALIFORNIA

vet: Kruskamp,Steve L 566-02-0729 Dec 3, 1955
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right knee pain active trigger points latera and medial quad stretches and strenthening CLOSED chain only
Referring Physician(or Clinic): Hoover
Physical Therapist: RAY TANCO, RPT

S: HAS BEEN PERFORMING HOME KNEE EXERCISES.

O: EXPLAINED TO THE PATIENT THE THERAPEUTIC JUSTIFICATION & REASONING REGARDING THE EXERCISE PROTOCOL INDICATED BELOW. PATIENT DID UNDERSTAND THE EXPLANATION.

60 MINUTE REHAB PROGRAM

KNEE & LOWER EXTREMITY REHABILITATION REGIMEN
OPEN KINETIC CHAIN EXERCISES:
[XXX]SLR: 3 lbs x 3 SETS of 10 REPS
[XXX]Short Arc Quads: 4 lbs x 2 SETS of 10 REPS
[n/a]Full Arc Quads:
[XXX]Hamstrings: 3 lbs x 3 SETS of 10 REPS
[XXX]N/K Table(quads): 5 lbs x 3 SETS of 10 REPS
[XXX]N/K Table(hams): 5 lbs x 3 SETS of 10 REPS
[n/a]Elgin Chair(hip extension):
[n/a]Elgin Chair(hip abduction):
[n/a]Rehabilitator(quads):
[n/a]Rehabilitator(hams):

[n/a]Hydra-Fitness System(quads):
[n/a]Hydra-Fitness System(hams):
[n/a]Other Exercises:
[n/a]Stretching Exercises:

CLOSED KINETIC CHAIN EXERCISES:
[XXX]Bicycle Ergometer: 8 MINUTES @ ZERO RESISTANCE
[n/a]Stair Climber:
[n/a]KINETRON(seated stepper):
[n/a]Leg Press Machine:
{}Right:
{}Left:
[n/a]Treadmill:
[n/a]Wall Slides:
[n/a]Nordic Track:
[n/a]Lateral Step-ups:
[n/a]BAPS Board:
[n/a]Rocker Board:
[XXX]Other Exercises: PARTIAL SQUATS x 10 REPS (tolerated OK)

AROM: KNEE EXTENSION= degrees KNEE FLEXION= degrees
PROM: KNEE EXTENSION= degrees KNEE FLEXION= degrees

EFFUSION: NONE
GAIT: ANTALGIC

A: s/p RIGHT KNEE PAIN, WEAKNESS AND ATROPHY:
Impression: (mri scan)
1. Advanced meniscal and ligamentous disease with osteoarthritis and a joint effusion. No acute fractures or subluxations are identified however a loose body is seen posteriorly (which was not mentioned in the body of the report).

Goals:
[XXX]INDEPENDENCE IN THE HOME MANAGEMENT STRATEGIES(primary)
[XXX]DECREASE PAIN &/or SYMPTOMS
[XXX]INCREASE FUNCTIONAL CAPACITY
[XXX]RESTORATION OF FUNCTIONAL RANGE OF MOTION
[XXX]FUNCTIONAL STRENGTH THRU STABILITY IN A STATIC AND DYNAMIC ENVIRONMENT
[XXX]IMPROVE MUSCULAR &/or PHYSICAL ENDURANCE
[XXX]INDEPENDENCE IN HOME MANAGEMENT STRATEGIES

P: [XXX]KNEE OPEN KINETIC CHAIN EXERCISES:
P: [XXX]KNEE CLOSE KINETIC CHAIN EXERCISES:
P: [XXX]Other Lower Extremity Exercises:
[XXX]Bicycling:
[XXX]Walking:

[]Aquatic Program:
P: [XXX]Modalities:
[XXX]Cryotherapy: PRN
[]Thermotherapy
[]Other:
P: [DEFERRED]Home Management Program:
[]Instructions in Home Knee/Leg Exercises:
[]Patient Comprehends &/or Demonstrates Exercises Well
[]Handouts & Parameters issued:
[]Instructions in application of cryotherapy &/or thermotherapy
[]Advised in Ergonomic & Bio-Mechanical Changes/Improvements
P: Return to PT Clinic: 5 SESSIONS TO UNDERGO KNEE EXERCISES, THEN HOME PROGRAM
P: HAS PENDING ORTHOPEDIC APPOINTMENT

/es/ RAYMUND G TANCO
PHYSICAL THERAPIST
Signed: 07/09/2004 10:06

LOCAL TITLE: PT OPC Follow-Up 60318
STANDARD TITLE: PHYSICAL THERAPY OUTPATIENT NOTE
DATE OF NOTE: JUL 02, 2004@09:36 ENTRY DATE: JUL 02, 2004@09:36:24
AUTHOR: TANCO,RAYMUND G EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PHYSICAL THERAPY CLINIC
McCLELLAN VA CLINIC
SACRAMENTO, CALIFORNIA

vet: Kruskamp,Steve L 566-02-0729 Dec 3, 1955
date: 7-2-04
Diagnosis or Complaint: Provisional Diagnosis: Unspecified internal derangement of knee (717.9)
REASON for REQUEST & MEDICAL JUSTIFICATION: (Complaints and Findings)
right knee pain active trigger points latera and medial quad stretches and strenthening CLOSED chain only
Referring Physician(or Clinic): Hoover
Physical Therapist: RAY TANCO, RPT

S: EXPERIENDED MARKED PAIN AFTER THE INITIAL REHAB SESSION, BUT FEELS BETTER TODAY. HA BEEN PERFORMING EXERCISES AS DIRECTED WITHOUT WEIGHTS WITHOUT PROBLEMS.

O: EXPLAINED TO THE PATIENT THE THERAPEUTIC JUSTIFICATION & REASONING REGARDING THE EXERCISE PROTOCOL INDICATED BELOW. PATIENT DID UNDERSTAND THE EXPLANATION.

60 MINUTE REHAB PROGRAM

KNEE & LOWER EXTREMITY REHABILITATION REGIMEN
OPEN KINETIC CHAIN EXERCISES:
[n/a]SLR:
[XXX]Short Arc Quads: 3 lbs x 2 SETS of 10 REPS
[n/a]Full Arc Quads:
[XXX]Hamstrings: 3 lbs x 3 SETS of 10 REPS
[XXX]N/K Table(quads): 5 lbs x 2 SETS of 10 REPS
[n/a]N/K Table(hams):
[n/a]Elgin Chair(hip extension):
[n/a]Elgin Chair(hip abduction):
[n/a]Rehabilitator(quads):
[n/a]Rehabilitator(hams):
[n/a]Hydra-Fitness System(quads):
[n/a]Hydra-Fitness System(hams):
[n/a]Other Exercises:
[n/a]Stretching Exercises:

CLOSED KINETIC CHAIN EXERCISES:
[XXX]Bicycle Ergometer: 5 MINUTES @ ZERO RESISTANCE
[n/a]Stair Climber:
[n/a]KINETRON(seated stepper):
[n/a]Leg Press Machine:
{}Right:
{}Left:
[n/a]Treadmill:
[n/a]Wall Slides:
[n/a]Nordic Track:
[n/a]Lateral Step-ups:
[n/a]BAPS Board:
[n/a]Rocker Board:
[XXX]Other Exercises: PARTIAL SQUATS x 10 REPS (tolerated OK)

AROM: KNEE EXTENSION= degrees KNEE FLEXION= degrees
PROM: KNEE EXTENSION= degrees KNEE FLEXION= degrees

EFFUSION: NONE
GAIT: ANTALGIC

A: s/p RIGHT KNEE PAIN, WEAKNESS AND ATROPHY:
Impression: (mri scan)
1. Advanced meniscal and ligamentous disease with osteoarthritis and a joint effusion. No acute fractures or subluxations are identified however a loose body is seen posteriorly (which was not mentioned in the body of the report).

Goals:

[XXX]INDEPENDENCE IN THE HOME MANAGEMENT STRATEGIES(primary)
[XXX]DECREASE PAIN &/or SYMPTOMS
[XXX]INCREASE FUNCTIONAL CAPACITY
[XXX]RESTORATION OF FUNCTIONAL RANGE OF MOTION
[XXX]FUNCTIONAL STRENGTH THRU STABILITY IN A STATIC AND DYNAMIC ENVIRONMENT
[XXX]IMPROVE MUSCULAR &/or PHYSICAL ENDURANCE
[XXX]INDEPENDENCE IN HOME MANAGEMENT STRATEGIES

P: [XXX]KNEE OPEN KINETIC CHAIN EXERCISES:
P: [XXX]KNEE CLOSE KINETIC CHAIN EXERCISES:
P: [XXX]Other Lower Extremity Exercises:
[XXX]Bicycling:
[XXX]Walking:
[]Aquatic Program:
P: [XXX]Modalities:
[XXX]Cryotherapy: PRN
[]Thermotherapy
[]Other:
P: [DEFERRED]Home Management Program:
[]Instructions in Home Knee/Leg Exercises:
[]Patient Comprehends &/or Demonstrates Exercises Well
[]Handouts & Parameters issued:
[]Instructions in application of cryotherapy &/or thermotherapy
[]Advised in Ergonomic & Bio-Mechanical Changes/Improvements
P: Return to PT Clinic: 5 SESSIONS TO UNDERGO KNEE EXERCISES, THEN HOME PROGRAM
P: HAS PENDING ORTHOPEDIC APPOINTMENT

/es/ RAYMUND G TANCO
PHYSICAL THERAPIST
Signed: 07/02/2004 09:41

LOCAL TITLE: PT OPC Follow-Up 60318
STANDARD TITLE: PHYSICAL THERAPY OUTPATIENT NOTE
DATE OF NOTE: JUN 25, 2004@09:22 ENTRY DATE: JUN 25, 2004@09:22:58
AUTHOR: TANCO,RAYMUND G EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PHYSICAL THERAPY CLINIC
McCLELLAN VA CLINIC
SACRAMENTO, CALIFORNIA

vet: Kruskamp,Steve L 566-02-0729 Dec 3, 1955
date: 6-25-04
Diagnosis or Complaint: Provisional Diagnosis: Unspecified internal derangement of knee (717.9)

REASON for REQUEST & MEDICAL JUSTIFICATION: (Complaints and Findings)
right knee pain active trigger points latera and medial quad stretches
and strenthening CLOSED chain only
Referring Physician(or Clinic): Hoover
Physical Therapist: RAY TANCO, RPT

S: CONTINUE TO HAVE RIGHT KNEE PAIN ON HIS ACTIVITY AS A FLOOR LAYER; ALSO COMPLAINS MARKED ATROPHY OF THE RIGHT THIGH.

O: EXPLAINED TO THE PATIENT THE THERAPEUTIC JUSTIFICATION & REASONING REGARDING THE EXERCISE PROTOCOL INDICATED BELOW. PATIENT DID UNDERSTAND THE EXPLANATION.

60 MINUTE REHAB PROGRAM

KNEE & LOWER EXTREMITY REHABILITATION REGIMEN
OPEN KINETIC CHAIN EXERCISES:
[n/a]SLR:
[XXX]Short Arc Quads: 4 lbs x 10 REPS (with 7/10 pain during exercise)
[n/a]Full Arc Quads:
[XXX]Hamstrings: 4 lbs x 2 REPS (with 8/10 pain during exercise)
[n/a]Elgin Chair(quads):
[n/a]Elgin Chair(hams):
[n/a]Elgin Chair(hip extension):
[n/a]Elgin Chair(hip abduction):
[n/a]Rehabilitator(quads):
[n/a]Rehabilitator(hams):
[n/a]Hydra-Fitness System(quads):
[n/a]Hydra-Fitness System(hams):
[n/a]Other Exercises:
[n/a]Stretching Exercises:

CLOSED KINETIC CHAIN EXERCISES:
[n/a]Bicycle Ergometer:
[n/a]Stair Climber:
[n/a]KINETRON(seated stepper):
[n/a]Leg Press Machine:
{}Right:
{}Left:
[n/a]Treadmill:
[n/a]Wall Slides:
[n/a]Nordic Track:
[n/a]Lateral Step-ups:
[n/a]BAPS Board:
[n/a]Rocker Board:
[XXX]Other Exercises: PARTIAL SQUATS x 10 REPS (tolerated OK)

EXTENSION= degrees KNEE FLEXION= degrees
EXTENSION= degrees KNEE FLEXION= degrees

DATE OF NOTE: APR 23, 2004@09:47 ENTRY DATE: APR 23, 2004@09:47:44
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

f/u for nasal reconstruction with anterior septal grafting and columellar strut with auricular cartilage. breathing improved with mild obstuction. C/O saddling of dorsum. Interested in blepharoplasty and malar fat pad lift.

PE: nose: no cicatrix, anterior septal graft intact (seen on MRI!)with increased nasal tip projection and resultant supratip depression from deficient dorsal septal cartilage (preexisiting)
eyes: blepharochalasia with fat protrusion of lower lids
integ: deep nasolabial folds with malar pad ptosis

A: Satisfactory post op result

P: RTC 3 months
consider steroid injection to the uppper septum
Saddle graft (auricular cartilage) for mid-dorsal defect
discusse quad bleps with malar fat pad lift

/es/ BRIAN S ORISEK
MD
Signed: 04/23/2004 09:52

LOCAL TITLE: Ophthalmology Consult 15048
STANDARD TITLE: OPHTHALMOLOGY CONSULT
DATE OF NOTE: APR 19, 2004@09:26 ENTRY DATE: APR 19, 2004@09:26:43
AUTHOR: GARCIA-FERRER,FRANC EXP COSIGNER:
URGENCY: STATUS: COMPLETED

48 y.o. MALE Race: WHITE

CC: Left eye pain.

HPI: Pain seen by NP at urgent care last Friday.
C/o of several day history of left eye pain and occ shimmer in vision at 12:00.
CT scan of head done (normal) because pt has family history of brain tumors.
States pain now a dull ache, especially when turns head.
Blood sugars running 120's.

POH:
1. DM without retinopathy

Eye Meds:

none

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE
2)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
3)	ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
4)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
5)	GABAPENTIN 400MG CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY TO PREVENT PAIN: PAIN BLOCKER	ACTIVE
6)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE (S)
7)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. NO ALCOHOL	ACTIVE
8)	IBUPROFEN 600MG TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN	ACTIVE
9)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE
10)	LISINOPRIL 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING HIGH BLOOD PRESSURE	ACTIVE (S)
11)	PIROXICAM 20MG CAP TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR KNEE PAIN. TAKE WITH LARGEST MEAL **STOP IF HAVING UPSET STOMACH, RED, DARK, BLACK,OR TARRY STOOLS**	ACTIVE
12)	SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY.	ACTIVE
13)	VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD	ACTIVE

Allergies: Patient has answered NKA

BP: 149/85 (04/16/2004 12:39)

12/22/2003 HGBA1c 7.20 H

Ophthalmic exam:

Va / 20/15+
\ 20/20

P / reactive OU
\ no apd OU

Ta / 14
\ 15 @ 0902

VF / VFFTCF
\ VFFTCF

EOM: full OU

Slit Lamp Exam:

	OD	OS
L/L:	normal	normal
Conj:	W&Q	W&Q
Cornea:	clear	clear
A/C	D&Q	D&Q
Iris:	normal	normal
Lens:	clear	clear

M&N @ 0917

Fundus Exam:

c:d	0.3	0.3
Vessels:	normal	normal
Macula:	normal	normal
Periphery:	normal	normal

Impression:
1. L eye pain: probable ocular surface related. Normal today.
? sinus symptoms.
2. DM without retinopathy
3.

Plan:
1. Pt to keep ENT appointment previously scheduled.
2. Repeat dilated fundus exam 1 year.

/es/ F. Garcia-Ferrer, MD

Chief, Ophthalmology
Signed: 04/19/2004 09:40

LOCAL TITLE: Urgent Care 13135
STANDARD TITLE: URGENT CARE NOTE
DATE OF NOTE: APR 16, 2004@14:06 ENTRY DATE: APR 16, 2004@14:06:22
AUTHOR: GEE,RENEE C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT / REASON FOR VISIT:

Chief Complaint:
L eye pain x3 days

HISTORY OF PRESENT ILLNESS: Pt c sudden onset of L sharp occular pain 3 days ago. No trauma. Has had hx of "flashes of light" which disappears when he focus on light(lasting few seconds). Pt unaware which eye this is occuring in. Since initial eye pain he is now having pain behind OS everytime he swallows and turns his head toward the R. Denies any loss of vision, visual changes, new onset headaches, new onset ringing of ears, change of sensation to face or upper extremities, slurred speech, weakness to upper extremities, LOC. + diabetic on orals. + lower extremity peripheral neuropathy.N prior hx of trauma. S/P lacramial eye duct surgery as a child.Strong FH of malignant brain tumor. Father died age 60 of brain tumor and male cousin on paternal side died of multiple malignant brain tumors. Denies any recent cold or flu.

REVIEW OF SYSTEMS:

GENERAL: Review of systems all negative except for HPI

PROBLEMS / PAST MEDICAL HISTORY:

Computerized Problem List is the source for the following:

1. HTN * (ICD-9-CM 401.9)	02/13/04	HOOVER,DOROTHEA
2. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA J
3. Diabetes * (ICD-9-CM 250.00)	11/03/03	HOOVER,DOROTHEA

ALLERGIES:Patient has answered NKA

MEDICATIONS:

Computer is the source for the following medication list:

GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES -

TAKE 30 MINUTES PRIOR TO MEALS
LISINOPRIL 5MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING HIGH BLOOD PRESSURE
ASPIRIN 81MG EC TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL
ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP Sig: USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.
SILDENAFIL CITRATE 100MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY.
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 1 TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. NO ALCOHOL
VITAMIN B COMPLEX/VITAMIN C CAP/TAB Sig: TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD
GABAPENTIN 400MG CAP Sig: TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY TO PREVENT PAIN: PAIN BLOCKER
KETODIASTIX GLUCOSE KETONE TEST STRIP Sig: USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.
ACETAMINOPHEN 500MG TAB Sig: TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.
PIROXICAM 20MG CAP Sig: TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR KNEE PAIN. TAKE WITH LARGEST MEAL **STOP IF HAVING UPSET STOMACH, RED, DARK, BLACK,OR TARRY STOOLS**
ASPIRIN (PATIENT PURCHASE) 81MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY

PHYSICAL EXAM:

GENERAL:
Comfortable at rest, alert and oriented, VSSAF, NAD
VITALS: P: 66 (04/16/2004 12:39); BP: 149/85 (04/16/2004 12:39);
RR: 20 (04/16/2004 12:39); T: 98.5 F [36.9 C] (04/16/2004 12:39);
Pulse ox: No Pulse Oximetry found.

HEENT:
Normocephalic, PERRLA, EOMI. No abnormalities noted with retinal exam. No erythema, discharge, or injection noted to OU. Non-tender to palpation c orbital pressure. +2 temporal pulses. Nares patent. Posterior pharynx without edema, erythema, or exudate. Hearing grossly intact.

NECK:
JVP is not elevated, no thyromegaly, no lymph nodes palpable, no bruit, +2 carotid pulses.

CHEST:
Lungs clear. Air-entry equal and bilateral. No crackles or rhonchi.

CARDIAC EXAM:

S1, S2 are heard, normal. There is no rub, gallop or murmur.

CNS:
There is no acute focal neurological deficit.

Cranial Nerve:
CN II-XII grossly intact

Urgent Care Record
Additional tests or diagnostic images: CT of head stat
Consult to Ophthalmology

LABS/Imaging:
See above CT of brain:Early cortical atrophy with an o/w negative study.
Bilateral eye acuity 20/15

ASSESSMENT:

1. OS eye pain-etiology unknown

PLAN:
----discussed findings, tx, and plan c Dr. James Chen MD. Rx for Motrin prn pain. Pt to have eye appt 04-19-04. Pt understands to go directly to UCC if increasing episodes or increase in eye pain, loss of vision, change of vision, new onset headache, facial or upper extremitiy weakness or change in sensation, slurred speech. Discussed and answered all patients questions.

Patient advised to call for any concerns, questions or symptoms.

Return to Urgi Center if sypmtoms worsen.
Treatment and plan discussed and agreed upon with the patient.
Disposition:

Discharged home with Self / family / significant other
Condition on Discharge:Satisfactory

/es/ RENEE C GEE, FNP
NURSE PRACTITIONER
Signed: 04/16/2004 15:09

Receipt Acknowledged By:

04/16/2004 15:10 /es/ JAMES H CHEN
URGICENTER PHYSICIAN
04/16/2004 15:23 /es/ SHAILAJA MENON
MD

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: MAR 08, 2004@15:08 ENTRY DATE: MAR 08, 2004@15:08:10
AUTHOR: HOOVER,DOROTHEA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Interim Note Has ADDENDA ***

S

CC right knee pain has MRI soon wants narcs but + tox for pot neurapthy for which gabapenton is working well- NIDDM ave sugar 130 no lo's UTD eye checks feet qd

O
Pul : Clear
wheezing
rales
rub
nl air flow
reduced airflow

right knee no clicks no crepitis BUT major trigger points medial and later al knee not found on left knee staqble ligaments

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE (S)
2)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
3)	ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
4)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
5)	GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH AT	ACTIVE (S)

BEDTIME FOR 3 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR 3 DAYS, THEN TAKE ONE CAPSULE THREE TIMES A DAY TO PREVENT PAIN

6) GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS — ACTIVE

7) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY. — ACTIVE

8) KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300. — ACTIVE

9) LISINOPRIL 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING HIGH BLOOD PRESSURE — ACTIVE

10) PIROXICAM 20MG CAP TAKE ONE CAPSULE BY MOUTH ONCE DAILY FOR KNEE PAIN. TAKE WITH LARGEST MEAL **STOP IF HAVING UPSET STOMACH, RED, DARK, BLACK,OR TARRY STOOLS** — ACTIVE

11) SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY. — ACTIVE

12) VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD — ACTIVE (S)

I.

1. NIDDM hbaic 7.2
2. right knee pain : gives put- mri and ortho pending- active trigger points medial and lateral knee
3. in past + tox for pot current tox screen + for pot
5. HCM: declines flu vax; psa 11'03; declines pneuomovax; psa 11'03
7. HX of numbness in feet - probable neurapthy doing well on gabapenton
8. HF (GM) of colon ca MTR has polyps- scheduled for colonscope
9. HTN on meds- good control
10. exp to type C hep in military- neg for B and C ehp
11. ED wants viagra
12. HCM: colonscope scehduled; DRE 2/13/04; declines flu and pneumovax; tetanus tox '99

Plan:
1. RTC keep appt 7'03
2. Labs: NF labs
   12 Hr fasting labs june
3. standard instructions re appropriate nutrition and exercise given
4. applicable counselling re tabacco use
5. referrals:asap PT
6. keep mri 3/18/04

7. increase gabapenton from 300 tid to 400 tid; 1 more month of vicodin bid
60 NF due to + tox pt must wean off
8. suggest acupucture with disposable needles for his active trigger points
9. NB no more narcs unless surgical knee on mri after todays RX

/es/ DOROTHEA HOOVER
MD
Signed: 03/08/2004 15:21

03/23/2004 ADDENDUM STATUS: COMPLETED
MRI effusion loose body djd ligamentous/cartilage degeneration refrerd asp to ortho narcs renewed

/es/ DOROTHEA HOOVER
MD
Signed: 03/23/2004 08:51

06/10/2004 ADDENDUM STATUS: COMPLETED
abd CT ordered for wt loss is now on hold as radiology unable to contact pt

/es/ DOROTHEA HOOVER
MD
Signed: 06/10/2004 09:20

LOCAL TITLE: Orthopedics Consult
STANDARD TITLE: ORTHOPEDIC SURGERY CONSULT
DATE OF NOTE: FEB 23, 2004@08:44 ENTRY DATE: FEB 23, 2004@08:44:50
AUTHOR: PALMQUIST,DENNIS EXP COSIGNER:
URGENCY: STATUS: COMPLETED

ORTHOPEDIC KNEE

KRUSKAMP,STEVE L, 48 y/o, WHITE, MALE

CC: right knee pain

Patient is new in ortho clinic with complaints of R knee pain, previous swelling, crepitus, locking with resulting falls, and slight decreased ROM for 30 years. Patient denies increased swelling, ecchymosis, erythema, numbness, tingling, clicking, or any other problems/concerns. Describes specific event in 1970s during marching in the military, climbing ladders, worked as a tile layer (was on knees a great deal). Recently he fell down 5 steps and hit his knee, but denies swelling or specific pain. Had lateral meniscus removal at age 15 years old due to cyst.

Patient can walk 2-3 blocks without pain and can care for ADLs.
Has been taking 4-5 Tylenol for minimal relief of pain and therefore he stopped

taking the medication. Has not had steroid articular joint injections in the past and is needle phobic and does not want to consider injection. Does want to have surgery if it will decrease the pain to the knee. Not using knee brace for support to the knee, although tried ace wrap with no support of knee. Was not seen by physical therapy in the past.

Present weight= 220# @ 6'1"

PMH
Computerized Problem List is the source for the following:

1. HTN * (ICD-9-CM 401.9)	02/13/04	
2. Internal derangement of knee (ICD-9-CM 717.9)	12/03/03	SIDWELL,LINDA
3. Diabetes * (ICD-9-CM 250.00)	11/03/03	

Family History:
Denies OA, RA, musculoskeletal, endocrine, autoimmune, or metabolic disease.

Allergies: Patient has answered NKA
Denies any other allergies to medications, foods, latex, or rubber.

X-rays:
KNEE 3 VIEWS

Date Verified: DEC 24, 2003

Verifier E-Sig:/ES/DORIAN HAYES

Report:
RIGHT KNEE:

Three views, including AP and lateral as well as a sunrise view, are submitted for evaluation and compared with study from 12-03-03.

There is mild degenerative disease with both medial and lateral joint space narrowing. There may be some calcification in the medial meniscus. There are three bony densities, one anteriorly abutting the tibial plateau, and two in the region of the fabella, one which is probably the fabella and a second that may actually represent a loose joint body, although there is no joint effusion. Minimal spurring is identified at the posterior patella.

Impression:
1. Mild DJD with possible medial meniscus calcification.

2. Questionable joint bodies but there is no joint effusion. These could lie outside of the joint space. No fracture or

dislocation.

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE
2)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
3)	ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
4)	ASPIRIN 81MG EC TAB TAKE ONE TABLET BY MOUTH ONCE DAILY FOR BLOOD THINNER; TAKE WITH A MEAL	ACTIVE
5)	CEPHALEXIN 500MG CAP TAKE ONE CAPSULE BY MOUTH FOUR TIMES A DAY FOR INFECTION.	ACTIVE
6)	GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR 3 DAYS, THEN TAKE ONE CAPSULE THREE TIMES A DAY TO PREVENT PAIN	ACTIVE
7)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE
8)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
9)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE (S)
10)	LISINOPRIL 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING HIGH BLOOD PRESSURE	ACTIVE
11)	SILDENAFIL CITRATE 100MG TAB TAKE ONE-HALF TABLET BY MOUTH AS DIRECTED AS NEEDED ONE HOUR BEFORE SEXUAL ACTIVITY.	ACTIVE
12)	VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD	ACTIVE

OBJECTIVE:
Vitals - most recent BMI: 29.5
Height: 73 in [185.4 cm] (02/20/2004 09:28)
Weight: 223 lb [101.4 kg] (02/20/2004 09:28)
Temp: 96.9 F [36.1 C] (02/13/2004 13:45)
Pulse: 78 (02/20/2004 09:28)
BP: 130/59 (02/20/2004 09:28)

A/OX3, MAE actively, normal gait, denies numbness, tingling, seizures, and

constipation. Conversant, follows commands, memory intact.

LOWER EXTREMITY EXAMINATION:
Equal bilateral +2 pedal pulses. Knee and Achilles DTRs brisk. Bilateral legs warm.
Brisk capillary refill X 4 extremities. Pelvis is level, the knees symmetrical, and the leg lengths equal.

HIP: Active and full normal flexion/extension and adduction/abduction of bilateral legs. Patient has normal internal and external rotation of his hips. He can perform bilateral leg raises

RIGHT KNEE: Right knee of patient has full normal (130 degrees) flexion/extension of knee with crepitus. Has laxity with valgus strain with knock knee- valgus deformity with standing. No effusions, edema, clicks, locks, ecchymosis, erythema, and muscular atrophy.
Good patellar mobility.
Negative Lachman's (knee in 15 degrees of flexion yields anterior translation of tibia beneath femur and lack of firm end point) (ACL), anterior drawer (ACL), posterior drawer (PCL),
and posterior sag (PCL) test. The right knee appears to be stable with varus (LCL) and valgus strain (MCL).
Negative medial (Medial meniscus) and lateral (Lateral meniscus) McMurray test without pain or palpable click. No joint line tenderness both medially and laterally noted with manipulation and standing.
No tenderness above or below the joint line.

LEFT KNEE: Left knee of patient has full normal (130 degrees) flexion/extension of knee without crepitus, effusions, edema, clicks, locks, ecchymosis, erythema, muscular atrophy, or malalignment (varus-bowlegged or valgus).
Good patellar mobility.
Negative Lachman's (knee in 15 degrees of flexion yields anterior translation of tibia beneath femur and lack of firm end point) (ACL), anterior drawer (ACL), posterior drawer (PCL),
and posterior sag (PCL) test. The left knee appears to be stable with varus (LCL) and valgus strain (MCL).
Negative medial (Medial meniscus) and lateral (Lateral meniscus) McMurray test without pain or palpable click. No joint line tenderness both medially and laterally noted with manipulation and standing.
No tenderness above or below the joint line. There is no obvious knee laxity.

ASSESSMENT:
1. Right knee with mild DJD on x-ray, right knee pain and slight laxity

PLAN:
1. Rest and avoid activities that aggravate knee. Attempt to not work as tile layer or other activities on the knee.
2. Use ice and elevation 20-30 minutes 3 times a day to decrease edema. Use heat to prepare joint for activity.
3. Perform light flexion/extension/rotation exercises for strengthening and stretching before and after activity.
4. Feldene 20 mg PO QD with largest meal #30 with 2 refills. Stop all other NSAID's and ASA. Stop taking medication and call immediately if having any signs of bleeding. Do not take if have history of ulcers, renal failure, and take on a full stomach.
5. Plan, treatment, and x-rays discussed with Dr. Schnaser
6. Pt informed to call orthopedic clinic and PCP with any increased pain, swelling, ecchymosis, erythema, numbness, tingling, locking, clicking, crepitus, fever, or any other problems/concerns.
7. Follow up with PCP as discharged from ortho clinic as not a surgical candidate at this time. Refer back to ortho clinic when patient would like to consider TKR and is in a position were he will not be bending over (working as a tile setter). Discussed pros and cons of having right TKR at such a young age and attempting to do conservative treatment before surgery. Pt agrees to trying conservative treatment before TKR and understands artificial knee may only be beneficial for 15 years.
8. Patient given educational pamphlets regarding conditioning, exercise, and information about medication.

/es/ Dennis Palmquist, NP
Nurse Practitioner
Signed: 02/23/2004 09:21

Receipt Acknowledged By:
02/25/2004 07:52 /es/ ALLEN M SCHNASER
Staff Physician: Orthopedic

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: FEB 20, 2004@10:20 ENTRY DATE: FEB 20, 2004@10:20:34
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

f/u septorhinoplasty with right auricular grafts. Breathing improved. C/O slight tenderness of both sides of columella. DM ok

PE: tip edema, two 6-0 nylon sutures removed from columella, no infection

right ear without deformity, incision well healed

A: Satisfactory postop course

P: RTC 2 months for photos

/es/ BRIAN S ORISEK
MD
Signed: 02/20/2004 10:23

LOCAL TITLE: Primary Care New Patient Visit 60295
STANDARD TITLE: PRIMARY CARE INITIAL EVALUATION NOTE
DATE OF NOTE: FEB 13, 2004@14:00 ENTRY DATE: FEB 13, 2004@14:00:15
AUTHOR: HOOVER,DOROTHEA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

KRUSKAMP,STEVE L
48 year old
MALE
566-02-0729

CC:Hx DM hbaic 7.2 nl no los checks feet qd; just had nasal surgery here; ave sugar 150

HPI:

Allergies/ADR: Patient has answered NKA

Habits:
__Tobacco
__ETOH no to all
__Street Drugs

Exposure to Tuberculosis:
__Yes
_x_Denied

Exposure to Hepatitis B or C:
_x_Yes in military
__Denied

Family History:
__CA ftr brain GM colon
__HTN ftr
__CAD
__DM sis
__COPD ftr

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE (S)
2)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
3)	ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
4)	CEPHALEXIN 500MG CAP TAKE ONE CAPSULE BY MOUTH FOUR TIMES A DAY FOR INFECTION.	ACTIVE
5)	GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR 3 DAYS, THEN TAKE ONE CAPSULE THREE TIMES A DAY TO PREVENT PAIN	ACTIVE
6)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE
7)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
8)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE (S)
9)	LISINOPRIL 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING HIGH BLOOD PRESSURE	ACTIVE
10)	VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING FOR SUPPLEMENT TAKE WITH FOOD	ACTIVE

PHM:
Surgeries: Date of Surgery: 01/29/04
Surgeon: ORISEK,BRIAN S
Operative Proc(s):
septorhinoplasty - RECONSTRUCTION OF NOSE

Date of Surgery: 10/23/03
Surgeon: BAKER,JON M
Operative Proc(s):
DRAINAGE OF RECTAL ABSCESS - DRAINAGE OF RECTAL ABSCESS

Medical Admissions: Admission Date: 1/29/04@09:00
Admitting DX : DEVIATED SEPTUM
LOS : 1 day
right knee

Psychiatric Admissions:

Computerized Problem List is the source for the following:

1. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA J
2. Diabetes * (ICD-9-CM 250.00) 11/03/03 HOOVER,DOROTHEA

PE: Gen:
Vitals:
Temperature: 96.9 F [36.1 C] (02/13/2004 13:45)
Blood Pressure: 120/79 (02/13/2004 13:45)
Pulse: 67 (02/13/2004 13:45)
Respiration: 20 (02/13/2004 13:45)
Weight: 221.5 lb [100.7 kg] (02/13/2004 13:45)
Height: 73 in [185.4 cm] (02/13/2004 13:45)
BMI: 29.3
Pain: 6 (02/13/2004 13:45)

HEENT:
Neck: no bruits no masses
Chest: No gynecomastia, no masses, no nipple d/c
Lungs:x clear x nl airflow reduced airflow
Cardiac: No heaves, nl s1s2 no m/g/r
Spine: No spinal tenderness, CVAT
Abd: Soft, nontender, nondistended, BS active, no bruits
femeral pulses 0 tr +1 x +2 Bruits x none present R L
GU:
Rectal: prostate nl could not reach
prostate enlarged
guiaic neg stool x
guiaic pos stool
Ext: No C/C/E, pedal pulses +1
fungal nails: x absent present
Neuro:

Impression:
1. NIDDM hbaic 7.2
2. right knee pain : gives put- mri and ortho pending
3. in past + tox for pot
4. 10 min late for new pt H and PE; today on time
5. HCM: declines flu vax; psa 11'03; declines pneuomovax; psa 11'03
7. HX of numbness in feet - probable neurapthy

8. HF (GM) of colon ca MTR has polyps
9. HTN on meds- good control
10. exp to type C hep in military
11. ED wants viagra
12. HCM: no colonscope; DRE 2/13/04; declines flu and pneumovax; tetanus tox '99

Plan:
1. RTC keep july
2. Labs: NF labs today- hep screen
12 Hr fasting labs june
3. standard instructions re appropriate nutrition and exercise given
4. applicable counselling re tabacco use
5. referrals:gi for colonscope; eye
6. meds are UTD
7. RX viagra pill cutter; RX ec asa 81

Clinical Reminders:
Influenza vaccine - Oct 03-Apr 04:
The patient declines to be vaccinated for influenza.
Pneumovax:
The patient declines to receive the recommended dose of pneumococcal vaccine.
Hepatitis C Risk Assessment:
Hepatitis C Risk
Risk for Hepatitis C - patient prefers not to specify
Alcohol Abuse Screen (AUDIT-C):
The patient has not consumed any alcohol in over a year.
Screen for Depression:
The 2 question depression screen was used and the patient's depression screen was negative.
Diabetic Foot Exams:
The patient's foot inspection was normal. No blisters, callus, or ulcers.
The posterior tibialis and dorsalis pedis pulses are normal bilaterally.
A standard monofilament was used to test foot sensation and the exam was normal.

/es/ DOROTHEA HOOVER
MD
Signed: 02/13/2004 14:22

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE

DATE OF NOTE: FEB 03, 2004@12:07 ENTRY DATE: FEB 03, 2004@12:07:20
AUTHOR: ENEPEKIDES,DANNY J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Post op check s/p septorhinoplasty

Pt comes in today for wound check and suture removal.
The columellar and post auricular sutures removed
There is a very small organized hematoma post auricularly. Should resolve. Not large enough to warrant opening of wound.

Instructed to start using nasal saline
Will return to clinic on Friday to see Orisek.

/es/ DANNY J ENEPEKIDES
Staff Physician ENT
Signed: 02/03/2004 12:15

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: JAN 30, 2004@08:52 ENTRY DATE: JAN 30, 2004@08:52:43
AUTHOR: ENEPEKIDES,DANNY J EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: POD 1 open septorhino

POD 1 s/p Open septorhinoplasty w/ auricular cartilage graft

Some bloody emesis last PM that responded well to inapsine. None this AM.
Taking pos. Pain controlled.

Afeb, VSS
Comf
Tape intact nasal tip/dorsum
Strip gauze removed from vestibule bilaterally w/o problem
No epistaxis
Little crust
Auricle clean under dressing.

A/P: s/p open septorhino w/ auricular cartilage graft
D/C home on po abx and Vicodin.
F/U Tues Feb 3 in AM in ENT clinic for suture removal.

/es/ DANNY J ENEPEKIDES
Staff Physician ENT

Signed: 01/30/2004 08:59

LOCAL TITLE: Anesthesia Note 14894
STANDARD TITLE: ANESTHESIOLOGY NOTE
DATE OF NOTE: JAN 29, 2004@12:53 ENTRY DATE: JAN 29, 2004@12:53:23
AUTHOR: BELL,DAVID A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient examinated, interviewed and evaluated immediately prior to surgery. Preop anesthesia evaluation, vitals, labs, EKG, chest x-rays, consults, medications and NPO status reviewed. Heart and lungs ausculatated. Risks and benefits of anesthestic plan rediscussed in detail with the patient. All questions answered and patient ready to proceed to OR. Preanesthesia vitals will be reviewed immediately prior to starting anesthesia.

/es/ DAVID A BELL

Signed: 01/29/2004 12:53

LOCAL TITLE: ENT Note 11301
STANDARD TITLE: OTOLARYNGOLOGY NOTE
DATE OF NOTE: JAN 23, 2004@09:13 ENTRY DATE: JAN 23, 2004@09:13:51
AUTHOR: ORISEK,BRIAN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

HISTORY & PHYSICAL/ADMIT NOTE/CONSULT

CHIEF COMPLAINT: Difficulty breathing through nose

HISTORY OF PRESENT ILLNESS: 48 man s/p fall and hit nose on a banister. Since then has difficulty breathing and feels like he has lost support in his nose.

ALLERGIES: Patient has answered NKA

CURRENT OUTPT MEDICATIONS:
Computer is the source for the following medication list:

HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 1 OR 2 TABLETS BY MOUTH EVERY
6 HOURS AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.
MORPHINE SULFATE 2MG/ML TUBEX Sig: INJECT 2MG IV PUSH ONE TIME DOSE {DISPENSED IN URGI-CTR PYXIS 10/24/03}
GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY . TAKE 30 MINUTES

PRIOR TO MEALS

PAST MEDICAL HISTORY:
Computerized Problem List is the source for the following:

1. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA J
2. Diabetes * (ICD-9-CM 250.00) 11/03/03 HOOVER,DOROTHEA

Diabetes

PAST SURGICAL HISTORY:
Date of Surgery: 10/23/03
Surgeon: BAKER,JON M
Operative Proc(s):
DRAINAGE OF RECTAL ABSCESS - DRAINAGE OF RECTAL ABSCESS

FAMILY HISTORY:
hypertension; sibling, hypertension; parent, asthma; other relative

SOCIAL HISTORY:
Tobacco: Is a non-smoker, ETOH: Heavy; quit 2003;
Illicit drugs: None.
Lives at: house . Marital status: MARRIED
Occupation: construction

TRAVEL HISTORY:

REVIEW of SYSTEMS:

Head:

Eyes:none
Ears:
tinnitus
Nose:
rhinorrhea
epistaxis
as above
Mouth:
hoarseness
dysphasia
Cardiovascular:

none
Respiratory:
none
Gastrointestinal:
wnl
Genitourinary:
denies
Skin:
wnl
depression
depression secondary to finding out he is diabetic, some anxiety
PHYSICAL EXAMINATION:

Vitals - most recent

BMI:	27.1
Height:	73 in [185.4 cm] (10/17/2003 14:06)
Weight:	205 lb [93.2 kg] (10/22/2003 07:35)
Temp:	95.7 F [35.4 C] (11/25/2003 12:45)
Pulse:	81 (11/25/2003 12:45)
Respirations:	18 (11/25/2003 12:45)
BP:	147/88 (11/25/2003 12:45)
Pain:	0 (11/25/2003 12:45)

DIAGNOSTICS:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV
11/03/2003 08:53	BLOOD	5.6	13.0 L	39.4 L	428 H	88.9
10/24/2003 06:00	BLOOD	canc	canc	canc	canc	canc
10/22/2003 10:23	BLOOD	10.3	13.5 L	40.5 L	353	87.4
10/17/2003 19:11	BLOOD	8.4	14.7	44.2	334	87.9

SCL1 - CHEMISTRIES

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
11/03/2003 08:53	PLASM	136	4.8	103	29	21	0.8
10/22/2003 10:23	PLASM	137	3.6	103	24.3	10	0.8
10/17/2003 19:11	PLASM	135 L	3.5	100	26	11	0.7

SCL1 - Liver Enzymes

Collection DT	Spec	SGPT	AST	ALK PHO	ALBUMIN	T. BIL
11/03/2003 08:53	PLASM	47	40	149 H	3.7	0.6

12/05/2003 09:00

SCL1 - Lab Cum Selected 1

Collection DT	Spec	Ur Prot	UR. BLD
11/03/2003 08:53	URINE	NEG	NEG
10/22/2003 10:25	URINE	NEG	NEG
10/17/2003 21:25	URINE	NEG	NEG

PE:
WD, WN man, NAD
head at, nc

eomi, perrl
ears at, eac clear b, tm wnl b
512 TF midline weber, air>bone
oc,op moist and pink mucosa, no masses, no lesions or ulcers
neck supple, no lad
extremities warm and well perfused
no sob

NOSE: saddle nose deformity visible, loss of anterior quad cartilage with loss of tip support, ULC still attached to septum, mild saddling of nasal dorsum, flattened underprojected nasal tip, collapse of septal cartilage and narowed nasal cavity bilaterally,
nasal bones appear intact, symmetric

ASSESSMENT & PLAN:
septorhinoplasty -- rescheduled to January 29 to include open rhinoplasty, auricular cartilage harvest with anterior septal graft and columellar strut, tip definition
Preop labs reordered

/es/ BRIAN S ORISEK
MD
Signed: 01/23/2004 09:24

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: JAN 14, 2004@14:34 ENTRY DATE: JAN 14, 2004@14:34:15
AUTHOR: HOOVER,DOROTHEA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

S

CC never had H and PE and OB today for "numbness in feet"; DM habic 7.8

O
Pul : Clear
wheezing
rales
rub
nl air flow
reduced airflow

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE
2)	ACETAMINOPHEN 500MG TAB TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
3)	ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
4)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE
5)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 OR 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
6)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE (S)
7)	LISINOPRIL 5MG TAB TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING HIGH BLOOD PRESSURE	ACTIVE

	Pending Outpatient Medications	Status
1)	GABAPENTIN 300MG CAP TAKE ONE CAPSULE BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE ONE CAPSULE TWICE A DAY FOR 3 DAYS, THEN TAKE ONE CAPSULE THREE TIMES A DAY	PENDING
2)	VITAMIN B COMPLEX/VITAMIN C CAP/TAB TAKE 2 TABLETS BY MOUTH EVERY MORNING	PENDING

9 Total Medications

I.

1. NIDDM hbaic 11 though pt sts his BS ave 130; hbaic 7.8
2. right knee pain : gives put
3. in past + tox for pot and narcs
4. 10 min late for new pt H and PE
5. HCM: declines flu vax; psa 11'03
6. anemia hct 39
7. OB today for numbness in feet - probable neurapthy

Plan:
1. RTC keep NEW PT appt 2/13/03

2. Labs: NF labs
12 Hr fasting labs
3. standard instructions re appropriate nutrition and exercise given
4. applicable counselling re tabacco use
5. referrals:EMG LE
6. RX gabapenton; B complex

/es/ DOROTHEA HOOVER
MD
Signed: 01/14/2004 14:38

LOCAL TITLE: Optometry Consult 15049
STANDARD TITLE: OPTOMETRY CONSULT
DATE OF NOTE: JAN 13, 2004@13:04 ENTRY DATE: JAN 13, 2004@13:04:48
AUTHOR: MEYER,FREDERICK EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SUBJ CC: LEE - NEVER HAD DFE/EXAM--CC TODAY--DIABETIC CHECK

Routine eye exam, Dilated exam for diabetes, New glasses

MEDICAL PROBLEMS

Computerized Problem List is the source for the following:

1. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA J
2. Diabetes * (ICD-9-CM 250.00) 11/03/03 HOOVER,DOROTHEA

MEDICATIONS

Computer is the source for the following medication list:

KETODIASTIX GLUCOSE KETONE TEST STRIP Sig: USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.
ACETAMINOPHEN 500MG TAB Sig: TAKE ONE TABLET BY MOUTH FOUR TIMES A DAY AS NEEDED - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.
GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY FOR DIABETES - TAKE 30 MINUTES PRIOR TO MEALS
LISINOPRIL 5MG TAB Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING HIGH BLOOD PRESSURE
ASPIRIN (PATIENT PURCHASE) 81MG TAB Sig: TAKE ONE TABLET BY MOUTH ONCE DAILY
AUTO LANCET DEVICE Sig: USE DEVICE AS NEEDED ISSUED DURING CLASS

ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP Sig: USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.
LANCETS 200'S Sig: USE LANCET AS NEEDED FOR FINGER STICK.
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 1 OR 2 TABLETS BY MOUTH EVERY
6 HOURS AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.

MED HX:

DM:yes X 4 MONTHS
HTN:yes X 1 MONTH
CAD:no
OTHER:

12/22/2003 HGBA1c 7.20 H

FAM HX:

GLAUC:no
MAC DEGEN:no
BLINDNESS:no
OTHER:

OCULAR HX:

TRAUMA:no
SURGERY:no
CONTACTS:no
OTHER:SURGERY ON TEAR DUCTS AS AN INFANT

ALLERGIES: Patient has answered NKA

PUPILS: OD 4 mm Afferent defect no
OS 4 mm

IOP'S: OD 13 Applanation
OS 12

TIME 1300

EOM'S: Full

Amsler grid:

Normal OU
Abnormal

Wearing:
OD:plano plano X ADD:
OS:plano plano X ADD:

Prism:
OD: prism prism
OS: prism prism

V.A.'S: C RX / OD NT
\ OS NT

S RX / OD 20/20-1
\ OS 20/20-2

EXT EXAM: normal

COVER TEST: ortho

Manifest:
OD:plano -0.25 X 120 20/20
OS:plano -0.25 X 105 20/20
OU: 20/

OD ADD:+1.75 20/20
OS ADD:+1.75 20/20

Prism:
OD: prism prism
OS: prism prism

Dilation: OU Time:1328

DFE:
PostPole: normal - NO BDR NOTED - OU

C/D'S: OD .35
OS .35

MAC/FOV: normal

PERIPHERY: normal

ANT SEGMENT:

L+L: normal

C+S: W&Q

K: clear

A/C: D&Q 4+

I: normal

L: clear

ASSESSMENT:
1. EMMETROPIC / PRESBYOPIC
2. NO DM RETINOPATHY NOTED - OU

PLAN:
1. NEAR RX ONLY GIVEN TO PT
2. RECHECK 1-2 YRS

/es/ FREDERICK MEYER
STAFF OPTOMETRIST
Signed: 01/13/2004 14:08

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: DEC 22, 2003@09:13 ENTRY DATE: DEC 22, 2003@09:13:26
AUTHOR: HOOVER,DOROTHEA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Interim Note Has ADDENDA ***

S

CC 10 min late for new pt H and PE NIDDM sts ave sugar 130 no ,os not UTD eye checks feet qd; last Hbaic 11 last BS here 259 also sts right knee gives out

O
Pul : Clear
wheezing
rales

rub
nl air flow
reduced airflow

Active Outpatient Medications (excluding Supplies):

	Active Outpatient Medications	Status
1)	ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP USE 1 STRIP OF ACCU-CHEK COMFORT CV(GLUCOSE) TEST STRIP TWO TO THREE TIMES A WEEK TO TEST BLOOD SUGAR.	ACTIVE
2)	ASPIRIN (PATIENT PURCHASE) 81MG TAB TAKE ONE TABLET BY MOUTH ONCE DAILY	ACTIVE
3)	GLIPIZIDE 5MG TAB TAKE ONE TABLET BY MOUTH TWICE A DAY . TAKE 30 MINUTES PRIOR TO MEALS	ACTIVE
4)	HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 OR 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.	ACTIVE
5)	KETODIASTIX GLUCOSE KETONE TEST STRIP USE STRIP AS NEEDED TO CHECK URINE IF BLOOD SUGAR GREATER THAN 300.	ACTIVE

I.

1. NIDDM hbaic 11 though pt sts his BS ave 130
2. right knee pain : gives put
3. in past + tox for pot and narcs
4. 10 min late for new pt H and PE
5. HCM: declines flu vax; psa 11'03
6. anemia hct 39

Plan:
1. RTC 1st availlable H and PE SMPCHN
2. Labs: NF labs today
   12 Hr fasting labs
3. standard instructions re appropriate nutrition and exercise given
4. applicable counselling re tabacco use
5. referrals:eye
6. meds renewed
7. right knee films and MRI
8. RX lisinopril 2.5 q am; tyleno, 500 qid prn.

/es/ DOROTHEA HOOVER
MD

Signed: 12/22/2003 09:28

12/24/2003 ADDENDUM STATUS: COMPLETED
right knee may habe loose bodies MRI pending refrred to ortho

/es/ DOROTHEA HOOVER
MD
Signed: 12/24/2003 15:48

LOCAL TITLE: ENT Consult 15018
STANDARD TITLE: OTOLARYNGOLOGY CONSULT
DATE OF NOTE: DEC 05, 2003@08:59 ENTRY DATE: DEC 05, 2003@08:59:45
AUTHOR: RAFII,AMIR EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Pt stated he broke his nose x1 month ago. Diffculty breathing through his nose, snoring. Please evaluate asap. Thanks!

HISTORY & PHYSICAL/ADMIT NOTE/CONSULT

CHIEF COMPLAINT: Difficulty breathing through nose

HISTORY OF PRESENT ILLNESS: 48 man s/p fall and hit nose on a banister. Since then has difficulty
breathing and feels like he has lost support in his nose.

ALLERGIES: Patient has answered NKA

CURRENT OUTPT MEDICATIONS:
Computer is the source for the following medication list:

HYDROCODONE 5/ACETAMINOPHEN 500MG TAB Sig: TAKE 1 OR 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN - DO NOT TAKE MORE THAN 4GM (4000MG) OF ACETAMINOPHEN PER DAY.
MORPHINE SULFATE 2MG/ML TUBEX Sig: INJECT 2MG IV PUSH ONE TIME DOSE {DISPENSED IN URGI-CTR PYXIS 10/24/03}
GLIPIZIDE 5MG TAB Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY . TAKE 30 MINUTES PRIOR TO MEALS

PAST MEDICAL HISTORY:
Computerized Problem List is the source for the following:

1. Internal derangement of knee (ICD-9-CM 717.9) 12/03/03 SIDWELL,LINDA J
2. Diabetes * (ICD-9-CM 250.00) 11/03/03 HOOVER,DOROTHEA

Diabetes

PAST SURGICAL HISTORY:
Date of Surgery: 10/23/03
Surgeon: BAKER,JON M
Operative Proc(s):
DRAINAGE OF RECTAL ABSCESS - DRAINAGE OF RECTAL ABSCESS

FAMILY HISTORY:
hypertension; sibling, hypertension; parent, asthma; other relative

SOCIAL HISTORY:
Tobacco: Is a non-smoker, ETOH: Heavy; quit 2003;
Illicit drugs: None.
Lives at: house . Marital status: MARRIED
Occupation: construction

TRAVEL HISTORY:

REVIEW of SYSTEMS:

Head:

Eyes:none
Ears:
tinnitus
Nose:
rhinorrhea
epistaxis
as above
Mouth:
hoarseness
dysphasia
Cardiovascular:
none
Respiratory:
none
Gastrointestinal:
wnl
Genitourinary:
denies
Skin:
wnl
depression
depression secondary to finding out he is diabetic, some anxiety

PHYSICAL EXAMINATION:

Vitals - most recent

BMI:	27.1
Height:	73 in [185.4 cm] (10/17/2003 14:06)
Weight:	205 lb [93.2 kg] (10/22/2003 07:35)
Temp:	95.7 F [35.4 C] (11/25/2003 12:45)
Pulse:	81 (11/25/2003 12:45)
Respirations:	18 (11/25/2003 12:45)
BP:	147/88 (11/25/2003 12:45)
Pain:	0 (11/25/2003 12:45)

DIAGNOSTICS:

Collection DT	Spec	WBC	HGB	HCT	PLT	MCV
11/03/2003 08:53	BLOOD	5.6	13.0 L	39.4 L	428 H	88.9
10/24/2003 06:00	BLOOD	canc	canc	canc	canc	canc
10/22/2003 10:23	BLOOD	10.3	13.5 L	40.5 L	353	87.4
10/17/2003 19:11	BLOOD	8.4	14.7	44.2	334	87.9

SCL1 - CHEMISTRIES

Collection DT	Spec	NA	K	CL	CO2	BUN	CREAT
11/03/2003 08:53	PLASM	136	4.8	103	29	21	0.8
10/22/2003 10:23	PLASM	137	3.6	103	24.3	10	0.8
10/17/2003 19:11	PLASM	135 L	3.5	100	26	11	0.7

SCL1 - Liver Enzymes

Collection DT	Spec	SGPT	AST	ALK PHO	ALBUMIN	T. BIL
11/03/2003 08:53	PLASM	47	40	149 H	3.7	0.6

12/05/2003 09:00

SCL1 - Lab Cum Selected 1

Collection DT	Spec	Ur Prot	UR. BLD
11/03/2003 08:53	URINE	NEG	NEG
10/22/2003 10:25	URINE	NEG	NEG
10/17/2003 21:25	URINE	NEG	NEG

PE:
WD, WN man, NAD
head at, nc
eomi, perrl
ears at, eac clear b, tm wnl b
512 TF midline weber, air>bone
oc,op moist and pink mucosa, no masses, no lesions or ulcers
neck supple, no lad
extremities warm and well perfused
no sob

NOSE: saddle nose deformity visible
collapse of septal cartilage and narowed nasal cavity, bilat
poor collumellar cartilage support

nasal bones appear intact, symmetric

ASSESSMENT & PLAN:
septorhinoplasty -- written in book for Jan 9th
discussed with patient rebuilding of support structures of the nose as well as possible harvest of auric cartilage

pt to f/u for pre op

Pt seen with dr Orisek

/es/ AMIR RAFII
MD, RESIDENT
Signed: 12/05/2003 09:33

Receipt Acknowledged By:
01/09/2004 13:26 /es/ BRIAN S ORISEK
MD

LOCAL TITLE: C&P Examination 16255
STANDARD TITLE: C & P EXAMINATION NOTE
DATE OF NOTE: DEC 03, 2003@08:00 ENTRY DATE: DEC 05, 2003@10:19:47
AUTHOR: SIDWELL,LINDA J EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: 131021

REFERENCE NUMBER: 131021.

This is a joints examination as part of this veteran's claim for an increase in his current service-connected percentage rating of 10 percent.

MILITARY HISTORY: The veteran entered into active military service in the US Navy as a seaman apprentice in July of 1974. He served as a boatswain's mate. He was medically discharged for his right knee as a seaman apprentice in November of 1975.

SOCIAL HISTORY: The veteran is currently 47 years of age. He lives in Fair Oaks, California, with his spouse and one child. The veteran is currently self employed. He works as a floor layer, i.e., rugs, carpets, linoleum.

The veteran's current total service-connected percentage rating is 10 percent. His current primary care provider is Dr. Dorothea Hoover at the VA outpatient clinic in Mather Field, California. He does not have civilian health care.

He describes his general state of health as fair.

MEDICAL RECORD REVIEW: A C-file was not provided for review prior to this veteran's examination.

The last rating examination, per the veteran's history, was in 1976. He has not filed for an increase since.

The veteran claims increased service connection for:

Internal derangement, both knees. Interestingly, the veteran tells me that he has no problems with his left knee. He says he only filed for an increase in his right knee. It is apparent that he may not be aware that he is service connected for the left knee at zero percent. The veteran had prior right knee surgery at age 15. A cyst was removed, he believes from the lateral meniscus. He does not know if a total meniscectomy was done or a partial meniscectomy was done and he believes that he might have had an artificial meniscus placed in his knee. During his enlistment evaluation, he apparently received an orthopedic evaluation at Letterman Army Medical Center and received a waiver to get in the service. Over time, the required marching and climbing of ladders, etc., during his initial Navy service caused an aggravation of his prior right knee condition. He says his knee was fine when he joined up but started to bother him with the various required activities. He was seen multiple times in the medical clinics. He eventually was medically boarded out of the service. He continues to reiterate that he has no problems with his left knee. He has to rely on his left knee in order to continue to function.
CURRENT SYMPTOMATOLOGY: The veteran describes a weakness about his right thigh muscles and right knee. He repeatedly demonstrates the atrophy of his quadriceps musculature. The right knee occasionally will give way one time per month on average. He may or may not fall. The pain in the right knee comes and goes. On any given day, he has pain approximately 50 percent of the time in the right knee. It averages anywhere from 0/10 to 7/10. He has had no recent soft tissue swelling of the right knee. It does not get red or warm. The right knee does not lock. On occasion, he will wear an Ace bandage. On occasion, he may use a cane or crutch, depending on the degree of discomfort. But, he has not used any ambulatory aids recently. He does not have handicapped parking placards yet. He tries to park away from where he is going in order to make himself walk. With regards to transfers from bed to sitting to standing, he has to wait for a second or two because of a pre-buckling sensation in the right knee before the knee will stabilize and he is able to walk on. He has no difficulty driving. Vocationally, he finds it hard to get up and down repetitively, laying floors. He has not wear knee pads. He is considering giving up this line of work because of problems with his

right knee. Recreationally, he never was much of a sports participant because he had to work all the time. He states that he would avoid any type of sports activities that would require sudden quick change in motions. He walks approximately half a mile as frequently as he can due to his work schedule. He avoids ladders. He avoids climbing stairs. When he has to, he goes slower and he leads with the left leg going down. He has more problems going down ladders and stairs than going up. He has no difficulty with his activities of daily living in regards to dressing, shaving, showering, and toiletries. If he tries to squat, he gets pain about the right knee. He tends to squat to 45 degrees and then kind of roll forward down onto the left knee in order to get down on the floor to do his job.

PHYSICAL EXAMINATION: GENERAL APPEARANCE: This is an alert, pleasant, cooperative Caucasian male. VITAL SIGNS: Stated height 73 inches, stated weight 210 pounds. He is ambidextrous, but he is primarily right hand dominant. EXAMINATION WITH THE VETERAN STANDING: The veteran stands with his weight distributed primarily to the left lower extremity in the vertical plane, causing his body to shift slightly to the left. He has a 5-degree genu valgum on the right only. The veteran uses his arm rest to push up to the standing position. When he walks, he has an antalgic gait, shifting his weight to the left lower extremity in an attempt to avoid full weight bearing on the right leg. Visible quadriceps atrophy is present in the standing and lying position. Right thigh circumference measures 15 inches caudad from the anterior superior right iliac crest measures 18.25 inches. A similar measurement on the left thigh 20.5 inches. Motor strength of the quadriceps with the knee extended is 3/5 right and 5/5 left. EXAMINATION OF THE RIGHT KNEE: There are two scars over the right lateral knee area measuring 2.5 inches each. One is oblique to the lateral aspect of the patella and the other scar overlies the lateral collateral ligament. No warmth, redness, or soft tissue swelling is noted about the right knee. No effusion is present. Mild patellofemoral crepitus is noted on flexion and extension of the right knee. Active and passive flexion of the right knee is 140 degrees. Extension is zero degrees. There is 10 degrees internal and external rotation. Anterior and posterior drawer signs are negative in the right knee. Joint lines are minimally tender bilaterally. There is no ligament laxity to varus or valgus stress at zero degrees extension. There is no ligament laxity to valgus stress at 30 degrees flexion, however, there is lateral laxity with varus stress at 30 degrees flexion. McMurray's sign is negative on the right knee. No peripheral edema is present. Peripheral pulses are 2+ in the right lower extremity. EXAMINATION OF THE LEFT KNEE: No heat, redness, or soft tissue swelling is noted about the left knee. No effusion is present. Mild patellofemoral crepitus is noted with flexion and extension of the left knee. Active and passive flexion of the knee at 150 degrees, extension is to +5 degrees (i.e., the veteran can

hyperextend his knee to 5 degrees beyond zero). There is 10 degrees internal and external rotation. There is no ligament laxity to varus or valgus stress at zero or 30 degrees flexion. Joint lines are non-tender on the left. McMurray's sign is negative on the left. No peripheral edema is present in the left lower extremity. Peripheral pulses are 2+ on the left ankle and foot.

DIAGNOSTIC AND CLINICAL TESTING: The veteran will have four-view bilateral knee x-rays with additional standing AP views of both knees.

DIAGNOSES:
1. Internal derangement of the right knee with evidence of patellofemoral crepitus, lateral collateral ligament weakness, and right thigh atrophy. There is a history of at a minimum, a partial lateral meniscectomy.
2. Degenarative joint disease left knee by xray- asymptomatic.

DeLuca factor for the right knee is a zero-degree loss of range of motion due to pain or flare up of pain, however, there is a marked excess fatigability and weakened movement due to repetitive motion activities due to disuse atrophy of the quadriceps musculature. This measures approximately 25 percent loss of functional capacity.

DeLuca factor for the left knee is a zero-degree loss of range of motion due to pain or flare up of pain. There is no excess fatigability, weakened movement, or incoordination of the left knee.

Dictated: 12/03/03
Transcribed: 12/03/03
Job Number: 1044405
dad/PSI
$END

/es/ LINDA J SIDWELL
STAFF PHYSICIAN
Signed: 12/05/2003 10:35

LOCAL TITLE: General Surgery Progress Note 60134
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: NOV 25, 2003@14:11 ENTRY DATE: NOV 25, 2003@14:11:59
AUTHOR: WATAMURA,SCOTT EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** General Surgery Progress Note 60134 Has ADDENDA ***

Pt seen in clinic. Pt has no c/o hematochezia nor melena. Pt has had no change in stooling habits, no constipation, no loose stools. Pt denies perirectal

pain. Pt has no N/V/D, and no F/C.

Mr Kruskamp is a pleasant 47 yo gentleman who articulated his procedure (of a supralevator abscess drainage in October of this year) well. On examination he was afebrile. His abdomen was soft, NT, ND without masses. A rectal was offered but deferred secondary to pt's desire, and secondary to lack of correlating complaints warranting an exam at this time.

He will return to clinic on a PRN basis. He was told to look for symptoms such as blood from rectum, black tarry stools, excessive nausea or vomiting, fever greater than 101.5 and similar symptoms prior to his rectal abscess drainage. We also instructed him to f/u with his PCP for a colonoscopy within 1-2 years as a general screening measure in his age group.

/es/ SCOTT WATAMURA
MD, RESIDENT
Signed: 11/25/2003 14:19

12/15/2003 ADDENDUM STATUS: COMPLETED
Patient is doing well s/p transrectal drainage of a supralevator abscess. Denies pain, tenesmus, fever. F/U as directed.

/es/ JAMES WIEDEMAN
MD
Signed: 12/15/2003 15:36

LOCAL TITLE: General Surgery Progress Note 60134
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: NOV 21, 2003@15:24 ENTRY DATE: NOV 21, 2003@15:24:49
AUTHOR: FOGELBERG,KAREN MD EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Did not show up for post-operative apt (underwent trans-rectal drainage of rectal abcsess). I telephoned pt; states he "forgot". Having minimal discomfort and no fevers; seems to be doing well. I have asked Dado to reschedule him for clinic apt.

/es/ KAREN FOGELBERG
Physician
Signed: 11/21/2003 15:27

LOCAL TITLE: Primary Care Short Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: NOV 03, 2003@08:59 ENTRY DATE: NOV 03, 2003@08:59:34

AUTHOR: HOOVER,DOROTHEA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Short Note Has ADDENDA ***

pt never seen by me new pt appt dec 22 wants outside glipizide RX 5 mg q am RX here- sent to get new pt labs and then med was RX

/es/ DOROTHEA HOOVER
MD
Signed: 11/03/2003 09:01

11/04/2003 ADDENDUM STATUS: COMPLETED
habaic 11.0 glipizide increased from 5 qam to 5 bid

/es/ DOROTHEA HOOVER
MD
Signed: 11/04/2003 15:12

LOCAL TITLE: General Surgery Progress Note 60134
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: OCT 24, 2003@08:35 ENTRY DATE: OCT 24, 2003@08:35:27
AUTHOR: FOGELBERG,KAREN MD EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient seen and examined with Surgery Team
POD 1 s/p trans-rectal drainage of supralevator peri-rectal abscess
Afebrile
States he feels "much better"

Stable for discharge home; I will see him in my clinic next week for follow-up.
Treat with oral antibiotics
Understands to return to ER if has spiking fevers, severe pain, or bleeding.

/es/ KAREN FOGELBERG
Physician
Signed: 10/24/2003 08:37

LOCAL TITLE: General Surgery Progress Note 60134
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: OCT 24, 2003@06:53 ENTRY DATE: OCT 24, 2003@06:53:50
AUTHOR: HUMPHRIES,MISTY DAW EXP COSIGNER:
URGENCY: STATUS: COMPLETED

HD: 3
POD: 1

ABX: 3

Pt was seen and examened this am. Does complain of some pain to the pelvic area. He did have a BM last night and passed some minimal blood. Tolerating PO. Getting OOB

Active Inpatient Medications (excluding Supplies):

	Active Inpatient Medications	Status
1)	CIPROFLOXACIN INJ,SOLN CIPROFLOXACIN 400MG/D5W 200ML 400 MG in D5W 200 ML INFUSE OVER 60 MIN.	ACTIVE
2)	DIPHENHYDRAMINE INJ,SOLN 25MG/.5ML IV Q4HPRN Prn severe itching. May repeat X1 in 15 minutes if no response. Max dose 50 mg in a 4 hour period.	ACTIVE
3)	FLEET PHOSPHATE ENEMA 2 ENEMA OF PHOSPHATES ENEMA RTL AM 2 fleets in am starting at 6 am 10/23	ACTIVE
4)	GLIPIZIDE TAB 5MG PO QD	ACTIVE
5)	METRONIDAZOLE INJ METRONIDAZOLE 500MG/RTU 100ML 500 MG in NS 100 ML INFUSE OVER 60 MIN.	ACTIVE
6)	MORPHINE INJ 2MG/1ML IVP ONCE POST-OP PAIN	ACTIVE
7)	MORPHINE PCA INJ PCA IV Q1H PRN MORPHINE PCA 5 mg/ml ** Basal rate: 0 mg/hr; ** ** PCA Dose: 1 mg; ** ** Lockout interval: 6 min; ** ** Max Dose per Hour: 10 mg **	ACTIVE
8)	NALOXONE INJ,SOLN 0.04MG IV PRN STAT for RR<8/min or 10% decr in baseline O2 sat or significant mental status change. If no response, MRx1 in 1-2 mins. Call MD STAT for Narcan use-Give 1 ml of 1:10 amp dilution	ACTIVE
9)	PIPERACILLIN/TAZOBACTAM INJ PIPERACILLIN/TAZOBACTAM 3.375 GM in D5W 50 ML INFUSE OVER 30 MIN.	ACTIVE
10)	POTASSIUM CHLORIDE INJ,SOLN POTASSIUM CHLORIDE 20 MEQ in D5 NS 1000 ML 125 ml/hr	ACTIVE
11)	PROMETHAZINE INJ,SOLN 12.5MG/0.5ML IV Q6HPRN AS NEEDED Nausea/Vomiting	ACTIVE
12)	SODIUM CHLORIDE 0.9% INJ in NS 1000 ML 100 ml/hr@0 start at midnight after NPO	ACTIVE

Vitals - most recent BMI: 27.1
Height: 73 in [185.4 cm] (10/17/2003 14:06)
Weight: 205 lb [93.2 kg] (10/22/2003 07:35)
Temp: 96.4 F [35.8 C] (10/24/2003 05:24)
Pulse: 82 (10/24/2003 05:24)
BP: 111/73 (10/24/2003 05:24)

PE: AAOx3, NAD

CV: rrr, -m/g/r
Lungs: CTA b
ABD: s/nt/nd. Has Mesh underwear on and no drainage noted. Visual exam of the anus reveals no gross blood or dischage. No packing is evident.
Ext: warm and well perfused pulses +2 x4

Labs: patiet refused

A/P: 47 y/o male with supralevator abcess dainaged yesterday.
1. Cont abx. WIll change to PO for d/c
2. change to PO pain meds for d/c
3. will d/c this am with follow-up appointment in 1 week with Dr. Fogelberg

/es/ MISTY DAWN HUMPHRIES
SURGICAL RESIDENT, PGY 1
Signed: 10/24/2003 08:52

LOCAL TITLE: General Surgery Progress Note 60134
STANDARD TITLE: SURGERY NOTE
DATE OF NOTE: OCT 23, 2003@06:53 ENTRY DATE: OCT 23, 2003@06:53:21
AUTHOR: HUMPHRIES,MISTY DAW EXP COSIGNER:
URGENCY: STATUS: COMPLETED

HD: 2
ABX: Zosyn 2

Pt was seen and examened this am. States that still has some minor pelvic pain. Has been NPO, and was getting enema during exam and discussion. No fever, chills, nausea, or vomiting

Vitals - most recent BMI: 27.1
Height: 73 in [185.4 cm] (10/17/2003 14:06)
Weight: 205 lb [93.2 kg] (10/22/2003 07:35)
Temp: 97.6 F [36.4 C] (10/23/2003 06:04)
Pulse: 79 (10/23/2003 06:04)
BP: 118/77 (10/23/2003 06:04)

PE: AAOx3, NAD
CV: rrr, -m/g/r
Lungs: CTA b
ABD: s/nt/nd
Ext: warm and well perfused pulses +2 x4

Labs from yesterday

GLUCOSE	164 H	mg/dL	74 - 118
SODIUM	137	meq/L	136 - 144
POTASSIUM	3.6	meq/L	3.4 - 4.8
CHLORIDE	103	meq/L	98 - 106
CO2	24.3	meq/L	23 - 33
UREA NITROGEN	10	mg/dL	7 - 22
CREATININE	0.8	mg/dL	.5 - 1.2
CALCIUM	8.9	mg/dL	8.7 - 10.2
WBC	10.3	K/cmm	4.8 - 10.8
RBC	4.62 L	M/cmm	4.7 - 6.1
HGB	13.5 L	g/dL	14 - 18
HCT	40.5 L	%	42 - 52
MCV	87.4	fL	80 - 99
MCH	29.1	uug	27 - 34
MCHC	33.3	gm/dL	33 - 37
RDW	12.4	%	11.5 - 14.5
PLT	353	K/cmm	130 - 400

A/P: 47 y/o male with supralevator abcess and planned OR drainage today.
1. Cont Zosyn
2. Fleets enema this am.
3. Will check EKG for Pre-op
4. Will take to the OR today for drainage.
5. Will d/w staff any further change in plan

/es/ MISTY DAWN HUMPHRIES
SURGICAL RESIDENT, PGY 1
Signed: 10/23/2003 07:43

LOCAL TITLE: H&P Surgery 60146
STANDARD TITLE: SURGERY H & P NOTE
DATE OF NOTE: OCT 22, 2003@17:11 ENTRY DATE: OCT 22, 2003@17:11:54
AUTHOR: FOSTER,CAREEN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** H&P Surgery 60146 Has ADDENDA ***

NAME: KRUSKAMP,STEVE L
SSN: 566-02-0729

Preoperative Assessment

Age: 47 Sex: MALE Race:WHITE

CC:pelvic pain

HPI 47 y/o referred by Dr Baker of urology. Pt with 1 month pelvic/bottom pain

on
antibiotics for prostatitis. CT scan today demonstrated pelvic abscess (extraperitoneal) c/w rectal abscess (supralevator). +chills, no fevers. +DM; reports small scrotal abscess 2 weeks prior

PMed Hx:
diabetes (dx 2 weeks ago)

PSurgHx: right knee

NKDA

meds:
glipizide 5mg qd

ros: no CP, no SOB, 30 pound wt loss over last 2-3 months, some constipation, pain with BM, no BRBPR, no seizures, + ringing in ears at times

97.2 84 137/78
alert and oriented, appears apprehensive, but o/w NAD
no jaundice or icterus
OP clear
neck supple, no LAD
CTA B
RRR
abd soft, nttp, nd, no masses
ext - no edema
rectal - refused digital exam, no abnormalites noted on external exam

wbc 10

a/p 47 y/o with supralevator perirectal abscess
Will need EUA and intra rectal drainage
discussed risks and benefits including cont infection, damage to sphincter or other structures, need for further operation or treatment. Pt ?'s answered and he wishes to proceed

will admit for IV antibx, plan OR for drainage, fleets for bowel prep

/es/ CAREEN FOSTER
MD, RESIDENT
Signed: 10/22/2003 17:22

10/22/2003 ADDENDUM STATUS: COMPLETED
Patient seen and examined in the clinic with Dr. Foster; I concur with her H&P.

This pt is a 47 year old man with several week history of symptoms of pelvic pain. No history of diverticulitis or perirectal abscess.
Abdominal exam is completely benign.
On external anal exam, perianal skin normal with no suggestion of perirectal abscess. He refused a digital rectal exam by us, but I note that Dr. Baker (of Urology) performed an exam and could feel a mass at the left retum.

I have reviewed the CT which reveals a loculated abscess at or above the level of the levators to the left side of the rectum.

Will admit with a diagnosis of supralevator peri-rectal abscess. Pt is presently well appearing and not toxic. Will start IV ABX. Plan OR tomorrow for rectal exam under anesthesia, and trans-rectal drainage of abscess.

/es/ KAREN FOGELBERG
Physician
Signed: 10/22/2003 18:10

LOCAL TITLE: Urology Note 11321
STANDARD TITLE: UROLOGY NOTE
DATE OF NOTE: OCT 22, 2003@15:36 ENTRY DATE: OCT 22, 2003@15:36:47
AUTHOR: BAKER,WILLIAM C EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: KRUSKAMP,STEVE L
Age: 47

Complaints:47 year old man 1 week of constipation, dysuria lower abdominal pain and
Patient states that the problem started @ 3 mos ago when he developed an infection near his scrotum. He was told 1 month ago that he developed prostatitis from this infection. He has been taking Levaquin for prostatitis for about 1 month. Pelvic pain has continued to increase despite therapy. He was given 10 vicodin 3 days ago, which was somewhat helpful in relieving the pain, but now he is out of meds. Patient denies fever, but has chills, he notes increased pain and straining with BM with 3 days btn BMs. No pain with urination. Feels pain has spread to his hips and that it is painful to walk.

Physical Findings:

large painfulrectal mass on the left. Prostate gland not felt on

no abdominal tenderness

Labs
PSA: No PSA results in last 99Y

BUN: 10/22/2003 UREA NITROGEN 10.00
CREATININE: 10/22/2003 CREATININE 0.80
HCT: 10/22/2003 HCT 40.50 L
WBC: 10/22/2003 WBC 10.30
10/17/2003 WBC 8.40
UA: 10/22/2003 URINE PH 7.00
10/22/2003 URINE PROTEIN NEG
10/22/2003 URINE GLUCOSE NEG
10/22/2003 URINE KETONES NEG
10/22/2003 URINE BILIRUBIN NEG
10/22/2003 URINE BLOOD NEG
10/22/2003 URINE NITRITE NEG
10/22/2003 UR. UROBILINOGEN 0.20
10/22/2003 LEUKOCYTE ESTERAS NEG
10/22/2003 SPECIFIC GRAVITY 1.01
10/22/2003 URINE COLOR YELLOW
10/22/2003 APPEARANCE CLEAR

Imp:abcess in the pelvis

RX:general surgery consult, unlikely urologic problem with psa elevation

Ret:

/es/ WILLIAM C. BAKER
MD,FACS
Signed: 10/22/2003 15:39

LOCAL TITLE: Urgent Care 13135
STANDARD TITLE: URGENT CARE NOTE
DATE OF NOTE: OCT 22, 2003@10:18 ENTRY DATE: OCT 22, 2003@10:19
AUTHOR: KAHN,DEBRA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CHIEF COMPLAINT / REASON FOR VISIT:

Pelvic Pain

HISTORY OF PRESENT ILLNESS:

Patient states that the problem started @ 3 mos ago when he developed an infection near his scrotum. He was told 1 month ago that he developed prostatitis from this infection. He has been taking Levaquin for prostatitis for about 1 month. Pelvic pain has continued to increase despite therapy. He was given 10 vicodin 3 days ago, which was somewhat helpful in relieving the pain, but now he is out of meds. Patient denies fever, but has chills, he notes increased pain and straining with BM with 3 days btn BMs. No pain with urination. Feels pain has spread to his hips and that it is painful to walk.

Also, patient notes that he was diagnosed with DMII last month and is currently taking glipizide.

PROBLEMS / PAST MEDICAL HISTORY:

Diabetes Mellitus, Past Surgical Hx
Right knee surgery

ALLERGIES:

Allergies Unknown

MEDICATIONS:

1.Glipizide 5 mg po qd
2. Viagra prn

PERSONAL / SOCIAL / FAMILY HISTORY:

SOCIAL HISTORY:

Marital status:
Married, Living with Spouse

CIGARETTE SMOKING:No
ALCOHOL: No
Use of illicit drugs: marijuana

PHYSICAL EXAM:

GENERAL:
Abnormal findings:
Patient has rigors/tremors intermittently. Very uncomfortable appearing when awake. Sleeps comfortably.
VITALS: P: 84 (10/22/2003 07:35); BP: 137/78 (10/22/2003 07:35); RR: 20 (10/22/2003 07:35); T: 97.2 F [36.2 C] (10/22/2003 07:35); Pulse ox: No Pulse Oximetry found.

NECK:
JVP is not elevated, no thyromegaly, no lymph nodes palpable.

CHEST:
Lungs clear. Air-entry equal and bilateral. No crackles or rhonchi.

CARDIAC EXAM:
S1, S2 are heard, normal. There is no rub, gallop or murmur.

ABDOMEN:

Abdomen is soft, not tender, no rebound or guarding, no mass is palpable, bowel sounds are present.
Rectal:
Negative guaiac
No masses
Extreme prostatic TTP.

GENITAL EXAM:

No mass or tenderness. , Epididymis normal to palpation without mass or tenderness.

LABS/Imaging:
Abdominal/Pelvic CT:Prostatic abscess(LT) extending to LT pelvic muscle, compressing the rectum.
Underlying neoplasm cannot be excluded.

ANCILLARY TESTS DONE TODAY:
CBC, U/A, wnl
BMP- Na 136, K 3.6, Cl 103, CO2 24.3, BUN 10, Cr 0.8, Glucose 164

ASSESSMENT:

Prostatic abscess

PLAN:

To Urology clinic now per Dr. Baker.

/es/ DEBRA KAHN
MD, RESIDENT
Signed: 10/22/2003 14:21

Receipt Acknowledged By:
10/22/2003 14:45 /es/ SHAILAJA MENON
MD

LOCAL TITLE: Primary Care Interim Note
STANDARD TITLE: PRIMARY CARE NOTE
DATE OF NOTE: OCT 17, 2003@17:50:50 ENTRY DATE: OCT 17, 2003@17:50:50
AUTHOR: CHEN,JAMES H EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** Primary Care Interim Note Has ADDENDA ***

HISTORY OF PRESENT ILLNESS:
---

47 y/o male with a hx of new onset dm. Started on glipizide 5 qd by Med 7, but fs still in the 250-350. Also had a uti and has been taking levaquin. Feeling shaky. Having chills with dysuria. fs today 175.

PROBLEMS / PAST MEDICAL HISTORY:

Diabetes Mellitus
prostatitis
ed

ALLERGIES:

Allergies Unknown

MEDICATIONS:

PHYSICAL EXAM:

GENERAL:

Sweaty and uncomfortable
VITALS: P: 102 (10/17/2003 14:06); BP: 131/82 (10/17/2003 14:06);
RR: 20 (10/17/2003 14:06); T: ;
Pulse ox: No Pulse Oximetry found.

NECK:
JVP is not elevated, no thyromegaly, no lymph nodes palpable.

CHEST:
Lungs clear. Air-entry equal and bilateral. No crackles or rhonchi.

CARDIAC EXAM:
S1, S2 are heard, normal. There is no rub, gallop or murmur.

ABDOMEN:

Abdomen is soft, not tender, no rebound or guarding, no mass is palpable, bowel sounds are present.

EXREMITIES:
There is no pedal edema, clubbing or cyanosis.

LABS/Imaging:
cbc negative

ASSESSMENT:
---

1. NIDDM: cbc, cmp, ua, serum ketones. iv ns wide open. Signed out to Dr. Nangalama

/es/ JAMES H CHEN
URGICENTER PHYSICIAN
Signed: 10/17/2003 19:37

10/17/2003 ADDENDUM STATUS: COMPLETED
Patient felt better after iv fluids,BP within normal limmits,patient given vicodin#10 prn for pain.Patient d/ced to home stable.

/es/ ANDREW W NANGALAMA
MD,PhD
Signed: 10/17/2003 21:35

Addendum to OPERATION REPORT

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: AUG 26, 2009@12:46 ENTRY DATE: AUG 26, 2009@12:46
AUTHOR: HETZLER,LAURA ATTENDING: ORISEK,BRIAN S
URGENCY: STATUS: COMPLETED

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Nasal deformities and nasal obstruction.

POSTOPERATIVE DIAGNOSIS: Nasal deformities and nasal obstruction.

PROCEDURE: Rhinoplasty with turbinate reduction.

SURGEON: Primary surgeon Ryan Orisek, assistant Hetzler, and Andrew Lee.

URINE OUTPUT: 1300.

BLOOD LOSS: 40 cc.

IV FLUIDS: See anesthesia report.

COMPLICATIONS: None.

FINDINGS: Loss of dorsal support below the nasal bone, lack of caudal septum and dorsal septum resulting in nasal tip collapse, significant scarring consistent with prior surgery, prominent inferior turbinate.

BRIEF HISTORY: Mr. Kruskamp is a 58-year-old gentleman with a history of multiple prior rhinoplasties. He was found to have dorsal deficiency of both caudal septal deficiency, resulting in loss of tip projection, and subsequent external valve obstruction as well as dorsal nasal collapse. He was seen in clinic and offered a recheck of rhinoplasty with rib cartilage reconstruction. Risks, benefits, and alternatives were discussed to include scar, pain, bleeding, infection, further collapse, continued nasal obstruction, worsened nasal obstruction, and loss of smell. Alternatives were discussed to include action of doing nothing, which would of course continue with his nasal obstruction as well as nasal deformity.

PROCEDURE IN DETAIL: Mr. Kruskamp was brought to the operating room and placed in the supine position. He was intubated without

issue and the bed was turned 180 degrees. 20 cc of 1% Lidocaine with epinephrine was injected first into his left rib costal cartilage graft site to a total of about 3 cc. The remaining 17 cc was injected into his nasal septum, his columella, his nasal vestibulae, and nasal dorsal region. He was prepped and draped in a sterile fashion. Attention was initially turned to the left costal cartilage graft site. This will be dictated in a separate operative report, as it was performed by Dr. Tollison. Attention was turned to the nares. A marginal incision was initially performed at the caudal edge of the lower lateral cartilage on the left side followed by the right side. This was performed with a 15-blade knife. An 11-blade knife was then used to perform the 5-point columellar incision approximately two-thirds of the way up on the columella. The 11 blade was used to make the initial midline inverted V shape and then holding the knife in an almost flat horizontal fashion it was used to make the horizontal columellar cut, which were subsequently joined with the marginal incisions bilaterally. A Littler scissors was then used to elevate the nasal tip and nasal alar skin from the lower lateral cartilage, both in the medial dome region and laterally out over the lower lateral. This was carried superiorly in the same supra-perichondrial plane over the upper lateral cartilages. A Joseph elevator was used to elevate the flap in a subperiosteal plane overlying the nasal bone. A pocket was made for an anticipated dorsal onlay graft. It was at this time that the medial crura and interdomal ligaments were divided to create a columellar pocket down to the nasal spine. Of note, the patient had a significant lack of caudal septum. What cartilage there was rudimentary at best and provided no structural support. The most interior portion of septum that was palpated was most likely the most posterior edge of the quadrangular cartilage or the bony contributions to the nasal septum from the vomer and the perpendicular plate of the ethmoid. Once the dorsal nasal pocket and the caudal columellar pocket was created, attention was turned to the previously obtained rib graft. A dorsal nasal graft was fashioned in such a way that notch was created on the under surface of cephalad portion to allow it to slide over the nasal bone. The superior and lateral edges of the cartilage graft were then smoothed and beveled for a nice profile. The caudal end of the dorsal nasal graft was then fashioned into a groove like fashion for inset of the caudal support graft. This was performed with an 11-blade knife. The dorsal graft was appropriately sized for the pocket with little or no deviation to the right or left. At this time intra-domal sutures were placed for improved tip refinement. Attention was turned to the remainder of the rib cartilage and a columellar or caudal support graft was created. Of note, consideration was given to caudal septal extension grafts. However, there was such a large defect in the septal

cartilage this was not possible. The caudal support graft was then fashioned in such a way that it had an inverted V at the edge to go up against the nasal spine and maxillary crest for securing. The more superior end or the edge was to recreate the anterior septal, interior nasal spine, and also the end that was going to articulate with the dorsal graft was fashioned into a peg shape to fit in the previously fashioned groove on the dorsal graft. The angled fashioning of the caudal support graft allowed knife fixation of the two grafts in such a fashion that a suture was unlikely needed. For added stability a 5-0 nylon was used to place one suture from the caudal support graft up to the dorsal graft in a linear fashion so that the graft would not slip to the right or left. This was found to increase the support and it was felt that bilateral batten graft or lower lateral cartilage onlay graft were not needed for support. Of note, his lower lateral cartilages were indeed strong, however, due to the contraction of the nasal tip, they had been pulled inferiorly. With added support of the nasal dorsum and nasal tip, they were adequately elevated and improved the appearance and likely the function of the external nasal valve. Attention was then turned to the lower lateral cartilages. There was some difficulty getting the nasal envelope and the lower lateral cartilages to cover the L-strut created by the rib cartilage. It was at this time the caudal support graft was trimmed inferiorly at its attachment to the nasal spine. This allowed improved draping of the nasal envelope. However, there was still difficulty draping the lower lateral cartilages over the L-strut. Extensive relief of the lower lateral cartilages from the nasal skin as well as from the lateral soft tissue of the ala. This allowed rotation and advancement of the lower lateral cartilages as well as advancement of the medial crura up the caudal support graft. It was at this time that the intra-domal sutures were removed as they felt to be hindering our advancement. The suture pulling the bilateral medial crura up the caudal graft was placed using 5-0 clear nylon. An interdomal suture was placed to pull the lower lateral cartilage over the new L-strut support. A shield graft was then fashioned and placed in the area of the nasal tips for improved refinement. The incisions were then closed using a 5-0 chromic for the marginal incisions and a 6-0 nylon where the columellar incision with care to align the skin edges perfectly. An outfracture and infracture of the turbinates was then performed to improve the nasal airway. The patient tolerated the procedure without issue and was extubated and transferred to the recovery room in good condition.

Dictated: 08/25/09
Transcribed: 08/26/09
Job Number: 901921

LAC/PSI
$END

/es/ Brian S. Orisek MD
Staff Otolaryngolist
Signed: 08/26/2009 15:36
for Laura Hetzler, MD
Contract ENT/Plastic Surgeon

/es/ Brian S. Orisek MD
Staff Otolaryngolist
Cosigned: 08/26/2009 15:36

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--- Original Document ---

08/25/09 OPERATION REPORT:
OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Nasal deformity.

POSTOPERATIVE DIAGNOSIS: Nasal deformity.

PROCEDURE: Costal cartilage harvest for reconstructive rhinoplasty.

SURGEON: Travis Tollefson.

ASSISTANT: Andrew Lee and Brian Orisek.

ANESTHESIA: General endotracheal.

FINDINGS: Left rib #8 cartilage harvested for septorhinoplasty.

ESTIMATED BLOOD LOSS: 10 ml.

IV FLUIDS: See Anesthesia record.

SPECIMEN: None.

DRAINS: None.

COMPLICATIONS: None.

PROCEDURE IN DETAIL: This dictation covers the harvest of the rib graft only. Please see separately dictated note for details of the reconstructive rhinoplasty.

After the patient was correctly identified and taken to the operating room and placed supine on the table, general endotracheal anesthesia was administered. He was then turned 180 degrees. The nose and left chest was prepped and draped in the usual sterile fashion. A 3.5 cm incision was marked along the left costal margin and infiltrated with Lidocaine 1% with epinephrine 1:100,000. After allowing local to work we began the procedure.

Incision was made with 15 blade down through his skin into subcutaneous fat. This was then sharply divided using Bovie cautery. Next the fascia overlying the rectus abdominus and external oblique muscles was identified and this was divided. Blunt dissection was performed to detain the rectus and the external oblique allowing them to be retracted laterally using Army Navy's. This then exposed the perichondrium over the eighth rib as well as the floating rib below. Perichondrium was incised and the freer elevator was used to dissect subperichondrially exposing a segment of the left rib #8 cartilage. An approximately 4.5 cm length of costal cartilage was then harvested. This was then set aside in normal saline for later use. Hemostasis was meticulously obtained in the surgical wound. The wound was then filled with normal saline and Valsalva maneuvers were performed. No air bubbles were seen to emanate from the wound indicating lack of pneumothorax. Next the wound was irrigated out and closed in layers. The fascia overlying the rectus and external oblique was closed using 3-0 Vicryl. Subcutaneous fascia was then closed using 3-0 Vicryl. The skin was then closed using 4-0 Monocryl in subcuticular fashion. Sterile dressing of Steri-Strips, Telfa and Tegaderm was then placed over the wound.

Dictated: 08/25/09
Transcribed: 08/26/09
Job Number: 901913
DST/PSI
$END

/es/ Brian S. Orisek MD
Staff Otolaryngolist
Signed: 08/27/2009 06:57
for Andrew Lee, MD
ENT Resident PGY-3

/es/ Brian S. Orisek MD
Staff Otolaryngolist
Cosigned: 08/27/2009 06:57

NURSE INTRAOPERATIVE REPORT

LOCAL TITLE: NURSE INTRAOPERATIVE REPORT
STANDARD TITLE: SURGERY NURSING OPERATIVE NOTE
DATE OF NOTE: AUG 25, 2009@09:00 ENTRY DATE: AUG 25, 2009@14:10:54
AUTHOR: KUNZ,KAREN M EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Case #: 107919

Operating Room: SACOR2 Surgical Priority: ELECTIVE

Patient in Hold: AUG 25, 2009 07:15 Patient in OR: AUG 25, 2009 09:00
Operation Begin: AUG 25, 2009 09:55 Operation End: AUG 25, 2009 13:58
Patient Out OR: AUG 25, 2009 14:06

Major Operations Performed:
Primary: REVISION SEPTORHINOPLASTY W/RIB CARTILAGE GRAFT
Other: RIB CARTILAGE GRAFT

Wound Classification: CLEAN/CONTAMINATED
Operation Disposition: PACU (RECOVERY ROOM)
Discharged Via: GURNEY W/O2

Surgeon: ORISEK,BRIAN S First Assist: TOLLEFSON,TRAVIS T
Attend Surg: ORISEK,BRIAN S Second Assist: HETZLER,LAURA
Anesthetist: BELL,DAVID A Assistant Anesth: N/A

Other Scrubbed Assistants:
LEE,ANDREW

OR Support Personnel:

Scrubbed	Circulating
KASSINGER,LOUISA ()	KUNZ,KAREN M ()
LIVINGOOD,LINDA ()	LIVINGOOD,LINDA ()

Preop Mood: CALM Preop Consc: ALERT-ORIENTED
Preop Skin Integ: INTACT Preop Converse: N/A

Valid Consent/ID Band Confirmed By: KUNZ,KAREN M
Mark on Surgical Site Confirmed: YES
Marked Site Comments: NO COMMENTS ENTERED

Preoperative Imaging Confirmed: IMAGING NOT REQUIRED FOR THIS PROCEDURE
Imaging Confirmed Comments: NO COMMENTS ENTERED

Time Out Verification Completed: YES
Time Out Verified Comments: NO COMMENTS ENTERED

Skin Prep By: KUNZ,KAREN M — Skin Prep Agent: BETADINE SCRUB
Skin Prep By (2): KUNZ,KAREN M — 2nd Skin Prep Agent: BETADINE SOLUTION

Preop Surgical Site Hair Removal by: HETZLER,LAURA
Surgical Site Hair Removal Method: CLIPPER
  Hair Removal Comments: NO COMMENTS ENTERED

Surgery Position(s):
  SUPINE — Placed: N/A

Restraints and Position Aids:

SAFETY STRAP	Applied By: N/A
DONUT	Applied By: N/A
GEL ARM PADS	Applied By: N/A
FOAM PADS	Applied By: N/A
PILLOW BELOW THE KNEE	Applied By: N/A
PADDED ARM SLEDS	Applied By: N/A

Electrocautery Unit: 8074
ESU Coagulation Range: 15
ESU Cutting Range: 15
Electroground Position(s): LEFT LATERAL THIGH

Anesthesia Technique(s):
  GENERAL (PRINCIPAL)

Tubes and Drains:
  FOLEY

Thermal Unit:
  LOWER — Temperature: 43
    Time On: AUG 25, 2009 09:55 — Time Off: N/A

Medications:
  LIDOCAINE 1%/EPI 1:100,000 INJ 50ML
    Time Administered: AUG 25, 2009 09:45
      Route: INFILTRATE — Dosage: 10 ML
      Ordered By: N/A — Admin By: HETZLER,LAURA
      Comments: N/A
  BUPIVACAINE 0.5% INJ 50ML
    Time Administered: AUG 25, 2009 10:38
      Route: INFILTRATE — Dosage: 7 ML
      Ordered By: N/A — Admin By: LEE,ANDREW
      Comments: N/A

Irrigation Solution(s):
  NORMAL SALINE

Blood Replacement Fluids:
RINGERS LACTATED SOLUTION Quantity: 1750 ml
Source Identification: N/A
VA Identification: N/A

Sponge Count Correct: YES
Sharps Count Correct: YES
Instrument Count Correct: NOT APPLICABLE
Counter: KASSINGER,LOUISA
Counts Verified By: KUNZ,KAREN M

Dressing: RIB:TELFA & TEGADERM/NOSE:PAPER TAPE & SPLINT
Packing: OTHER

Blood Loss: 25 ml Urine Output: 1400 ml

Postoperative Mood: RELAXED
Postoperative Consciousness: RESTING
Postoperative Skin Integrity: INCISION

Sequential Compression Device: YES

Nursing Care Comments:
nose packed w/ telfa, & bacitracin & paper tape

/es/ KUNZ,KAREN M RN

Signed: 08/25/2009 14:11

NURSE INTRAOPERATIVE REPORT

LOCAL TITLE: NURSE INTRAOPERATIVE REPORT
STANDARD TITLE: SURGERY NURSING OPERATIVE NOTE
DATE OF NOTE: JAN 29, 2004@12:55 ENTRY DATE: JUN 21, 2004@21:19:10
AUTHOR: EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Case #: 67261

****
* DISCLAIMER: This information is provided from historical files and *
* cannot be verified that the author has authenticated/approved this *
* information. The authenticated source document in the patient's *
* medical record should be reviewed to ensure that all information *

* concerning this event has been reviewed or noted. *
****

Operating Room: SACOR1 Surgical Priority: ELECTIVE

Patient in Hold: NOT ENTERED Patient in OR: JAN 29, 2004 12:55
Operation Begin: JAN 29, 2004 13:37 Operation End: JAN 29, 2004 16:05
Surgeon in OR: NOT ENTERED Patient Out OR: JAN 29, 2004 16:20

Major Operations Performed:
Primary: septorhinoplasty

Wound Classification: CLEAN/CONTAMINATED
Operation Disposition: PACU (RECOVERY ROOM)
Discharged Via: STRETCHER

Surgeon: ORISEK,BRIAN S First Assist: SMITH,MARK C
Attend Surg: ORISEK,BRIAN S Second Assist: N/A
Anesthetist: BELL,DAVID A Assistant Anesth: DOMLOJ,NERVANE

Other Scrubbed Assistants: N/A

OR Support Personnel:

Scrubbed	Circulating
HENRY,MARK C ()	GLEASON,MICHAEL ()
	CLUGSTON,ROBERT ()

Other Persons in OR: N/A

Preop Mood: ANXIOUS Preop Consc: ALERT-ORIENTED
Preop Skin Integ: INTACT Preop Converse: N/A

Valid Consent/ID Band Confirmed By: GLEASON,MICHAEL
Mark on Surgical Site Confirmed: * NOT ENTERED *
Preoperative Imaging Confirmed: IMAGING NOT REQUIRED FOR THIS PROCEDURE
Time Out Verification Completed: YES

Correct Surgery Comments: NO COMMENTS ENTERED

Skin Prep By: GLEASON,MICHAEL Skin Prep Agent: BETADINE SCRUB
Skin Prep By (2): N/A 2nd Skin Prep Agent: BETADINE SOLUTION
Preop Shave By: N/A

Surgery Position(s):
SUPINE Placed: N/A

Restraints and Position Aids:
SAFETY STRAP Applied By: N/A

Electrocautery Unit: N/A
ESU Coagulation Range: N/A
ESU Cutting Range: N/A
Electroground Position(s): N/A

Material Sent to Laboratory for Analysis:
Specimens: N/A
Cultures: N/A

Anesthesia Technique(s):
GENERAL (PRINCIPAL)

Tubes and Drains: N/A

Tourniquet: N/A

Thermal Unit: N/A

Prosthesis Installed: N/A

Medications:
LIDOCAINE 2%/EPI 1:200,000 INJ 20ML

Irrigation Solution(s):
NORMAL SALINE

Blood Replacement Fluids:
RINGERS LACTATED SOLUTION Quantity: N/A ml
Source Identification: N/A
VA Identification: N/A

Sponge Count Correct: NOT APPLICABLE
Sharps Count Correct: NOT APPLICABLE
Instrument Count Correct: NOT APPLICABLE
Counter: * NOT ENTERED *
Counts Verified By: GLEASON,MICHAEL

Dressing: MASTISOL,TAPE
Packing: IODOFORM

Blood Loss: 20 ml Urine Output: 0 ml

Postoperative Mood: RELAXED
Postoperative Consciousness: RESTING
Postoperative Skin Integrity: INCISION
Postoperative Skin Color: N/A

Laser Unit(s): N/A

Sequential Compression Device: NO

Cell Saver(s): N/A

Devices: N/A

Nursing Care Comments: NO COMMENTS ENTERED

OPERATION REPORT

LOCAL TITLE: OPERATION REPORT
STANDARD TITLE: OPERATIVE REPORT
DICT DATE: OCT 23, 2003 ENTRY DATE: OCT 24, 2003@10:26:47
SURGEON: FLANAGAN,MARK MD ATTENDING: BAKER,JON M
URGENCY: STATUS: COMPLETED
SUBJECT: Case #: 65697

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Supralevator rectal abscess.

POSTOPERATIVE DIAGNOSIS: Supralevator rectal abscess.

PROCEDURE:
1. Exam under anesthesia.
2. Sigmoidoscopy.
3. Drainage of supralevator abscess.

SURGEON: Dr. Baker.

ASSISTANTS: Dr. Foster, Dr. Flanagan, Residents from UCD MC.

ANESTHESIA: General endotracheal anesthesia.

INDICATIONS: Mr. Kruskamp is a very pleasant 47-year-old man who has a one-year history of rectal pain. Digital examination revealed a fluctuant mass in the left aspect of his rectum. A CT scan showed finding indicative of likely abscess. The patient was given recommendations for exam under anesthesia with drainage in the

operative theater. The patient agreed.

DESCRIPTION OF PROCEDURE: The patient was brought to the Operating Room where he was laid in the supine position. General endotracheal anesthesia was induced. The patient was then placed in the lithotomy position. He was prepped and draped in the sterile fashion. We proceeded first with a digital examination which revealed a fluctuant mass on the left wall of the rectum approximately 3-5 cm above the anal verge. This was followed by an anoscopy which revealed the mass felt on digital exam, however, gave no additional information. This was followed by a rigid sigmoidoscopy. Under rigid sigmoidoscopy the scope could be advanced 15 cm and no further due to resistance. However, the perirectal abscess was visible from this depth. The rigid sigmoidoscope was removed. We then reapplied the anoscopy with the open ridge facing the rectal abscess. A large bore needle and syringe were inserted into the abscess with purulent expression of approximately 8 cc into the syringe. We then withdrew the syringe and used a #11 blade to incise the abscess. Upon doing this a very large amount of purulent material poured out of the abscess. Digital manipulation was used to break up loculations within the abscess. The rectum and the abscess were then copiously irrigated and packed with gauze, topical antibiotic and Lidocaine jelly. This was inserted up into the rectum.

DISPOSITION: To the Post Anesthesia Care Unit, extubated in stable condition.

SPECIMENS: None.

IV FLUIDS: 1 liter Crystalloid.

ESTIMATED BLOOD LOSS: Minimal.

FINDINGS: Left-sided abscess with approximately 50 ml of purulent material. The abscess opened widely into the rectum.

COMPLICATIONS: There were none.

Dictated: 10/23/03
Transcribed: 10/23/03
Job Number: 1014907
JLS/PSI
$END
□

/es/ JON M BAKER
MD
Signed: 10/27/2003 06:43

for MARK S ZZFLANAGAN
PGY-2, MD, SURGERY RESIDENT

/es/ JON M BAKER
MD
Cosigned: 10/27/2003 06:43

NURSE INTRAOPERATIVE REPORT

LOCAL TITLE: NURSE INTRAOPERATIVE REPORT
STANDARD TITLE: SURGERY NURSING OPERATIVE NOTE
DATE OF NOTE: OCT 23, 2003@11:45 ENTRY DATE: JUN 21, 2004@21:15:06
AUTHOR: EXP COSIGNER:
URGENCY: STATUS: COMPLETED
SUBJECT: Case #: 65697

****
* DISCLAIMER: This information is provided from historical files and *
* cannot be verified that the author has authenticated/approved this *
* information. The authenticated source document in the patient's *
* medical record should be reviewed to ensure that all information *
* concerning this event has been reviewed or noted. *
****

Operating Room: SACOR3 Surgical Priority: URGENT

Patient in Hold: NOT ENTERED Patient in OR: OCT 23, 2003 11:45
Operation Begin: OCT 23, 2003 12:15 Operation End: OCT 23, 2003 12:35
Surgeon in OR: NOT ENTERED Patient Out OR: OCT 23, 2003 12:40

Major Operations Performed:
Primary: DRAINAGE OF RECTAL ABSCESS

Wound Classification: CONTAMINATED
Operation Disposition: PACU (RECOVERY ROOM)
Discharged Via: STRETCHER

Surgeon: BAKER,JON M First Assist: FLANAGAN,MARK S
Attend Surg: BAKER,JON M Second Assist: FOSTER,CAREEN
Anesthetist: NIELSEN,ALISON Assistant Anesth: N/A

Other Scrubbed Assistants: N/A

OR Support Personnel:

Scrubbed	Circulating
RIGGIO,BARBARA ()	GLEASON,MICHAEL ()

Other Persons in OR: N/A

Preop Mood: ANXIOUS
Preop Consc: ALERT-ORIENTED
Preop Skin Integ: INTACT
Preop Converse: N/A

Valid Consent/ID Band Confirmed By: GLEASON,MICHAEL
Mark on Surgical Site Confirmed: * NOT ENTERED *
Preoperative Imaging Confirmed: IMAGING NOT REQUIRED FOR THIS PROCEDURE
Time Out Verification Completed: YES

Correct Surgery Comments: NO COMMENTS ENTERED

Skin Prep By: GLEASON,MICHAEL
Skin Prep Agent: BETADINE SCRUB
Skin Prep By (2): N/A
2nd Skin Prep Agent: BETADINE SOLUTION
Preop Shave By: N/A

Surgery Position(s):
LITHOTOMY
Placed: N/A

Restraints and Position Aids:
SAFETY STRAP
Applied By: N/A

Electrocautery Unit: 4572
ESU Coagulation Range: 25
ESU Cutting Range: 1
Electroground Position(s): RIGHT ANT THIGH

Material Sent to Laboratory for Analysis:
Specimens: N/A
Cultures:
RECTAL ABCESS

Anesthesia Technique(s):
GENERAL (PRINCIPAL)

Tubes and Drains: N/A

Tourniquet: N/A

Thermal Unit: N/A

Prosthesis Installed: N/A

Medications:
LIDOCAINE OINT 5% 1OZ

Irrigation Solution(s):
NORMAL SALINE

Blood Replacement Fluids:
RINGERS LACTATED SOLUTION Quantity: 900 ml
Source Identification: N/A
VA Identification: N/A

Sponge Count Correct: NOT APPLICABLE
Sharps Count Correct: NOT APPLICABLE
Instrument Count Correct: NOT APPLICABLE
Counter: * NOT ENTERED *
Counts Verified By: GLEASON,MICHAEL

Dressing: GELFOAM,LIDOCAINE OINTMENT
Packing: OTHER

Blood Loss: 25 ml Urine Output: 0 ml

Postoperative Mood: RELAXED
Postoperative Consciousness: RESTING
Postoperative Skin Integrity: INCISION
Postoperative Skin Color: N/A

Laser Unit(s): N/A

Sequential Compression Device: NO

Cell Saver(s): N/A

Devices: N/A

Nursing Care Comments: NO COMMENTS ENTERED

Pg. 1 11/17/09 15:14

CONFIDENTIAL ECG REPORT - RELEASED OFF-LINE VERIFIED

KRUSKAMP,STEVE L 566-02-0729 NOT INPATIENT DOB: DEC 13,1955

PROCEDURE DATE/TIME: 08/03/09 10:19

- -

WARD/CLINIC:

AGE: 53 SEX: MALE

HT IN: WT LBS:

BLOOD PRESSURE: TYPE:

VENT RATE: 58 PR INTERVAL: 162 QRS DURATION: 94

QT: 438 QTC: 430

P AXIS: 86 R AXIS: 34 T AXIS: 52

INTERPRETATION:

INSTRUMENT DX: Sinus bradycardia
Otherwise normal ECG
When compared with ECG of 12-MAY-2009 12:34,
Nonspecific T wave abnormality no longer evident in
Inferior leads

COMPARISON:

COMMENTS:

HEART MEDS:

INTERPRETED BY:

DATE VERIFIED: AUG 17,2009 10:04

- -

Report Release Status

Current Report Status	Date Status Changed	Person Who Last Changed The Status	Date of Entry	Report Version
RELEASED OFF-LINE VERIFIED	8/17/09	Signing for	0/0/00	1 of 1

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

KRUSKAMP, STEVE
MAIL USPS ONLY
5112 KENNETH AVE
CARMICHAEL, CALIFORNIA 95608
566020729

Pg. 1 11/17/09 15:14

CONFIDENTIAL ECG REPORT - RELEASED OFF-LINE VERIFIED

KRUSKAMP,STEVE L 566-02-0729 NOT INPATIENT DOB: DEC 13,1955

PROCEDURE DATE/TIME: 05/12/09 12:34

- -

WARD/CLINIC:
AGE: 53 SEX: MALE
HT IN: WT LBS:
BLOOD PRESSURE: TYPE:

VENT RATE: 70 PR INTERVAL: 168 QRS DURATION: 96
QT: 392 QTC: 423
P AXIS: 65 R AXIS: -7 T AXIS: 16

INTERPRETATION:

INSTRUMENT DX: Normal sinus rhythm
Low voltage QRS
Inferior infarct , age undetermined
Borderline ECG
When compared with ECG of 18-MAR-2009 10:00,
No significant change was found

COMPARISON:

COMMENTS:

HEART MEDS:

INTERPRETED BY:

DATE VERIFIED: JUN 6,2009 19:54

- -

Report Release Status

Current Report Status	Date Status Changed	Person Who Last Changed The Status	Date of Entry	Report Version
RELEASED OFF-LINE VERIFIED	6/6/09	Signing for	0/0/00	1 of 1

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

KRUSKAMP, STEVE
MAIL USPS ONLY
5112 KENNETH AVE
CARMICHAEL, CALIFORNIA 95608
566020729

Pg. 1 11/17/09 15:14

CONFIDENTIAL ECG REPORT - RELEASED OFF-LINE VERIFIED

KRUSKAMP,STEVE L 566-02-0729 NOT INPATIENT DOB: DEC 13,1955

PROCEDURE DATE/TIME: 03/18/09 10:00

- -

WARD/CLINIC:

AGE: 53 SEX: MALE

HT IN: WT LBS:

BLOOD PRESSURE: TYPE:

VENT RATE: 57 PR INTERVAL: 164 QRS DURATION: 104

QT: 436 QTC: 424

P AXIS: 27 R AXIS: 8 T AXIS: 23

INTERPRETATION:

INSTRUMENT DX: Sinus bradycardia
Otherwise normal ECG
No previous ECGs available

COMPARISON:

COMMENTS:

HEART MEDS:

INTERPRETED BY:

DATE VERIFIED: MAR 24,2009 10:37

- -

R e p o r t R e l e a s e S t a t u s

Current Report Status	Date Status Changed	Person Who Last Changed The Status	Date of Entry	Report Version
RELEASED OFF-LINE VERIFIED	3/24/09	Signing for	0/0/00	1 of 1

Pg. 1 11/17/09 15:14

CONFIDENTIAL ECG REPORT - RELEASED OFF-LINE VERIFIED

KRUSKAMP,STEVE L 566-02-0729 NOT INPATIENT DOB: DEC 13,1955

PROCEDURE DATE/TIME: 12/19/03 10:45

- -

WARD/CLINIC:

AGE: 48 SEX: MALE

HT IN: WT LBS:

BLOOD PRESSURE: TYPE:

VENT RATE: 61 PR INTERVAL: 120 QRS DURATION: 98

QT: 410 QTC:

P AXIS: R AXIS: T AXIS:

INTERPRETATION:

INSTRUMENT DX: SINUS RHYTHM

COMPARISON:

COMMENTS:

HEART MEDS:

INTERPRETED BY: KNOWLTON,ANNE

DATE VERIFIED: JAN 15,2004 08:47

- -

Report Release Status

Current Report Status	Date Status Changed	Person Who Last Changed The Status	Date of Entry	Report Version
RELEASED OFF-LINE VERIFIED	1/15/04	TRACEE R WATTS Signing for ANNE KNOWLTON	1/15/04	1 of 1